UNIVERSAL PROPULSION COMPANY, INC. | Talley Industries

Nicole 10/20/95

16 October 1995

Ms. Paula Bisson, (H-2-2)
U.S. Environmental Protection Agency
Region IX
75 Hawthorne Street
San Francisco, CA 94103

AZD980814479
part 3A files

Ref: UPCo RCRA Part A Application, Revision

Dear Ms. Bisson:

The attached RCRA Part A Permit Application is revised in order to include the signature of the Arizona State Land Department as the owners of the land which Universal Propulsion Company, Inc. occupies. The application has also been revised to reflect current conditions and operations at the facility.

The attached information is to be incorporated into the book of appendices marked "Revision 3" for UPCo's RCRA Part B Permit Application, 26 Sep 1994, as Appendix A.

Questions may be directed to me at (602) 516-3340.

Sincerely,

Stephen J. Miller
Manager, Safety & Environmental

encl: UPCo RCRA Part A Permit Application, 10 Oct 1995

ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY

Fife Symington, Governor Edward Z. Fox, Director

September 19, 1995
Ref: HWP-EX779

Mr. Steve Miller
Universal Propulsion Company
25401 N. Central Avenue
Phoenix, AZ 85027

Subject: **STATE LAND DEPARTMENT SIGNATURE ON RCRA PART A PERMITS**

Dear Mr. Miller:

The Arizona Department of Environmental Quality (ADEQ) is currently reviewing Resource Conservation and Recovery Act (RCRA) Part B Permit applications for United Propulsion Company (UPCO) in Phoenix, Arizona. As part of the application, the permittee must submit a Part A application signed by the land owner. For your facility, the land owner is the State Land Department (SLD), who has not signed the Part A application.

ADEQ requires the signature of the land owner as well as the operator of the facility. The requirements for signatories to permit applications is defined in 40 CFR 270.11. Upon discussions with Mr. William Dowdle of SLD and Ms. Stephanie Helsten of the Attorney General's office, the land owner is in a position to sign the Part A application. In order to facilitate their signing of your Part A, would you please send the SLD the appropriate application page. Once signed, will you please forward a copy of that page to ADEQ for inclusion to your application.

We appreciate your assistance on this issue. If you have any questions regarding the issue of signing the applications for your Part A application, please contact Murray E. Sharkey, P.E. the permit engineer for your site. He can be reached at 207-4169.

Sincerely,

Anthony Leverock, Manager
Hazardous Waste Permits Unit
Waste Programs Division

ACL:MES:sll
mesdsk2:PARTA.918

cc: Bill Dowdle, Arizona State Land Department
Stephanie Helsten/Patricia Boland, Office of the Attorney General
Andy Soesilo, Manager, ADEQ Hazardous Waste Section
Ethel DeMarr, Director, ADEQ Waste Programs Division
Murray E. Sharkey, ADEQ Hazardous Waste Permits Unit

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GSA No. 0246-EPA-OT

For EPA Regional Use Only

Date Received
Month Day Year

EPA

United States Environmental Protection Agency
Washington, DC 20460

Hazardous Waste Permit Application Part A

(Read the Instructions before starting)

For State Use Only

I. ID Number(s)

A. EPA ID Number	B. Secondary ID Number *(If applicable)*
AZD980814479	

II. Name of Facility

UNIVERSAL PROPULSION CO. INC.

III. Facility Location *(Physical address not P.O. Box or Route Number)*

A. Street

25401 NORTH CENTRAL AVENUE

Street *(continued)*

(7th St. & HAPPY VALLEY Rd.)

City or Town	State	ZIP Code
PHOENIX	AZ	85027-7899

County Code *(If known)*	County Name
	MARICOPA

B. Land Type *(enter code)*	C. Geographic Location		D. Facility Existence Date
	LATITUDE *(degrees, minutes, & seconds)*	LONGITUDE *(degrees, minutes, & seconds)*	Month Day Year
S	33 42 570	112 04 097	08 14 1972

IV. Facility Mailing Address

Street or P.O. Box

25401 NORTH CENTRAL AVENUE

City or Town	State	ZIP Code
PHOENIX	AZ	85027-7899

V. Facility Contact *(Person to be contacted regarding waste activities at facility)*

Name *(last)*	*(first)*
JOHNSON	WILLIAM

Job Title	Phone Number *(area code and number)*
VP HR & ADMIN	602-516-3340

VI. Facility Contact Address *(See instructions)*

A. Contact Address Location	A. Contact Address Mailing	B. Street or P.O. Box
X	X	25401 NORTH CENTRAL AVE.

City or Town	State	ZIP Code
PHOENIX	AZ	85027-7899

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Form Approved. OMB No. 2050-0034 Expires 12-31-91
GSA No. 0246-EPA-OT

EPA I.D. Number (enter from page 1)	Secondary ID Number (enter from page 1)
AZD980814479	

VII. Operator Information (see instructions)

Name of Operator

UNIVERSAL PROPULSION CO., INC.

Street or P.O. Box

25401 NORTH CENTRAL AVENUE

City or Town	State	ZIP Code
PHOENIX	AZ	85027-7899

Phone Number (area code and number)	B. Operator Type	C. Change of Operator Indicator	Date Changed Month Day Year
602-516-3340	P	X	

VIII. Facility Owner (see instructions)

A. Name of Facility's Legal Owner

UNIVERSAL PROPULSION CO., INC.

Street or P.O. Box

25401 NORTH CENTRAL AVENUE

City or Town	State	ZIP Code
PHOENIX	AZ	85027-7899

Phone Number (area code and number)	B. Owner Type	C. Change of Owner Indicator	Date Changed Month Day Year
602-516-3340	P	X	

IX. SIC Codes (4-digit, in order of significance)

Primary		Secondary	
3728	(description) Military Aircraft Ejection Seats	2892	(description) Solid Propellants (explosives)
Secondary		Secondary	
	(description)		(description)

X. Other Environmental Permits (see instructions)

A. Permit Type (enter code)	B. Permit Number	C. Description
E	AQD:PU:950104	1 Open Burning Permit - ADEQ/OAQ
E	A8602464	Maricopa County- Painting, welding, solvent
		storage & handling, ovens and degreasing.
E	131310P0-98	Thermal Treatment Unit - ADEQ/OAQ
E	131457R0-99	Hazardous Waste Disposal - ADEQ/OAQ
E	102500	Aquifer Protection Permit Application
		ADEQ Office of Water Quality
N	AZR00A076	NPDES Storm Water General Permit
		Coverage Notice (EPA)

EPA I.D. Number (enter from page 1) | Secondary ID Number (enter from page 1)

A | Z | D | 9 | 8 | 0 | 8 | 1 | 4 | 4 | 7 | 9 |

XI. Nature of Business (provide a brief description)

Design, develop and manufacture military aircraft ejection seats and related components for man-rated escape systems including required solid propellants and explosive loaded devices. Manufacture of explosive loaded devices for NASA Space Shuttle Program. Manufacture of solid propellant loaded decoy devices, gas generators and flare simulators.

XII. Process - Codes and Design Capacities

A. PROCESS CODE - *Enter the code from the list of process codes below that best describes each process to be used at the facility. Twelve lines are provided for entering codes. If more lines are needed, attach a separate sheet of paper with the additional information. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided in Item XIII.*

B. PROCESS DESIGN CAPACITY - *For each code entered in column A, enter the capacity of the process.*

1. AMOUNT - *Enter the amount. In a case where design capacity is not applicable (such as in a closure/post-closure or enforcement action) enter the total amount of waste for that process unit.*

2. UNIT OF MEASURE - *For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.*

C. PROCESS TOTAL NUMBER OF UNITS - *Enter the total number of units used with the corresponding process code.*

PROCESS CODE	PROCESS	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
	DISPOSAL:	
D79	INJECTION WELL	GALLONS; LITERS; GALLONS PER DAY; OR LITERS PER DAY
D80	LANDFILL	ACRE-FEET OR HECTARE-METER
D81	LAND APPLICATION	ACRES OR HECTARES
D82	OCEAN DISPOSAL	GALLONS PER DAY OR LITERS PER DAY
D83	SURFACE IMPOUNDMENT	GALLONS OR LITERS
	STORAGE:	
S01	CONTAINER (barrel, drum, etc.)	GALLONS OR LITERS
S02	TANK	GALLONS OR LITERS
S03	WASTE PILE	CUBIC YARDS OR CUBIC METERS
S04	SURFACE IMPOUNDMENT	GALLONS OR LITERS
	TREATMENT:	
T01	TANK	GALLONS PER DAY OR LITERS PER DAY
T02	SURFACE IMPOUNDMENT	GALLONS PER DAY OR LITERS PER DAY
T03	INCINERATOR	SHORT TONS PER HOUR; METRIC TONS PER HOUR; GALLONS PER HOUR; LITERS PER HOUR; OR BTU'S PER HOUR
T04	OTHER TREATMENT (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided in Item XIII.)	GALLONS PER DAY; LITERS PER DAY; POUNDS PER HOUR; SHORT TONS PER HOUR; KILOGRAMS PER HOUR; METRIC TONS PER DAY; METRIC TONS PER HOUR; OR SHORT TONS PER DAY

UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G
GALLONS PER HOUR	E
GALLONS PER DAY	U
LITERS	L
LITERS PER HOUR	H
LITERS PER DAY	V
SHORT TONS PER HOUR	D
METRIC TONS PER HOUR	W
SHORT TONS PER DAY	N
METRIC TONS PER DAY	S
POUNDS PER HOUR	J
KILOGRAMS PER HOUR	R
CUBIC YARDS	Y
CUBIC METERS	C
ACRES	B
ACRE-FEET	A
HECTARES	Q
HECTARE-METER	F
BTU's PER HOUR	K

EPA I.D. Number (enter from page 1): A Z D 9 8 0 8 1 4 4 7 9

Secondary ID Number (enter from page 1):

XII. Process - Codes and Design Capacities (continued)

EXAMPLE FOR COMPLETING ITEM XII (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

Line Number	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY 1. AMOUNT (specify)	B. PROCESS DESIGN CAPACITY 2. UNIT OF MEASURE (enter code)	C. PROCESS TOTAL NUMBER OF UNITS	FOR OFFICIAL USE ONLY
X 1	S 0 2	600	G	0 0 2	
X 2	T 0 3	20	E	0 0 1	
1	T 0 4	25' x 25' burn pad w/ 10' apron (all concrete)		0 0 1	
2	T 0 4	Thermal Treatment Unit		0 0 1	
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

NOTE: If you need to list more than 12 process codes, attach an additional sheet(s) with the information in the same format as above. Number the lines sequentially, taking into account any lines that will be used for additional treatment processes in Item XIII.

XIII. Additional Treatment Processes (follow instructions from Item XII)

Line Number (enter numbers in sequence with Item XII)	A. PROCESS CODE	B. TREATMENT PROCESS DESIGN CAPACITY 1. AMOUNT (specify)	B. TREATMENT PROCESS DESIGN CAPACITY 2. UNIT OF MEASURE (enter code)	C. PROCESS TOTAL NUMBER OF UNITS	D. DESCRIPTION OF PROCESS
					Burn Pad- Limited to one scrappropellant/oxidizer burn per day of 300 lbs max. Limited to 1000 lbs per week. Climatic conditions may limit burns per week, usually to less than 3/wk.
0 1	T 0 4	300	J	0 0 1	
					Thermal Treatment Unit- Scrap propellant & oxidizer burned at rate of 2 lb per 20-60 sec. Hourly limit is 90 lbs. Daily maximun is 540 lbs.
0 1	T 0 4	540	J	0 0 1	
	T 0 4				
	T 0 4				

EPA I.D. Number (enter from page 1)												Secondary ID Number (enter from page 1)											
A	7	D	9	8	0	8	1	4	4	7	9												

IV. Description of Hazardous Wastes

A. EPA HAZARDOUS WASTE NUMBER - Enter the four digit number from 40 CFR, Part 261 Subpart D of each listed hazardous waste you will handle. For hazardous wastes which are not listed in 40 CFR, Part 261 Subpart D, enter the four digit number(s) from 40 CFR, Part 261 Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY - For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE - For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item XII A. on page 3 to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous waste: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item XII A. on page 3 to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

NOTE: THREE SPACES ARE PROVIDED FOR ENTERING PROCESS CODES. IF MORE ARE NEEDED:

1. Enter the first two as described above.
2. Enter "000" in the extreme right box of Item XIV-D(1).
3. Enter in the space provided on page 7, Item XIV-E, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form (D.(2)).

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER - Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM XIV (shown in line numbers X-1, X-2, X-3, and X-4 below) - A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

Line Number	A. EPA HAZARD WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESS (1) PROCESS CODES (enter)	D. PROCESS (2) PROCESS DESCRIPTION (if a code is not entered in D(1))
X 1	K 0 5 4	900	P	T 0 3 D 8 0	
X 2	D 0 0 2	400	P	T 0 3 D 8 0	
X 3	D 0 0 1	100	P	T 0 3 D 8 0	
X 4	D 0 0 2				Included With Above

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Approved. OMB No. 2050-0034 Expires 12-31-91
GSA No. 0246-EPA-GT

EPA I.D. Number (enter from page 1): A Z D 9 8 0 8 1 4 4 7 9

Secondary ID Number (enter from page 1):

V. Description of Hazardous Wastes (continued)

Line Number	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES (1) PROCESS CODES (enter)	D. PROCESSES (2) PROCESS DESCRIPTION (if a code is not entered in D(1))
1	D003	24,000	P	T04	Open burning of waste soli propellant and oxidizers.
2	D001				included in above
3	D005				included in above
4	D006				included in above
5	D007				included in above
6	D008				included in above
7	K044				included in above
8	D003	50,000	P	T04	Thermal treatment by burning waste propellant & oxidizers
9	D001				included in above
10	D008				included in above
11	K044				included in above
12					
13					
14					
15					
16					
17					
18					
19					
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21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					

EPA I.D. Number (enter from page 1)	Secondary ID Number (enter from page 1)
A Z D 9 8 0 8 1 4 4 / 9	

XIV. Description of Hazardous Waste (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 6.

Line Number	Additional Process Codes (enter)

XV. Map

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in this map area. See instructions for precise requirements.

XVI. Facility Drawing

All existing facilities must include a scale drawing of the facility (see instructions for more detail).

XVII. Photographs

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

XVIII. Certification(s)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Owner Signature: William Dowdle	Date Signed: 10-12-95
Name and Official Title (type or print): William Dowdle, Mgr - Environmental Sec.	
Operator Signature: William M. Johnson	Date Signed: 10 Oct 95
Name and Official Title (type or print): William M. Johnson, Vice President, Human Relations & Administration	

XIX. Comments

Revises Part A dated 16 Jun 1993.

Section VIII. Land Owner: Arizona State Land Department — Lease No. 03-1349
1616 West Adams — Phone: 602- 542- 2668
Phoenix, AZ 85009

Note: Mail completed form to the appropriate EPA Regional or State Office. (refer to instructions for more information)

Arizona
State Land Department
1616 WEST ADAMS
PHOENIX, ARIZONA 85007

FIFE SYMINGTON
GOVERNOR

M.J. HASSELL
STATE LAND COMMISSIONER

October 12, 1995

Stephen J. Miller
Manager, Safety and Environmental
UPCo
25401 N. Central Avenue
Phoenix, Arizona 85027-7899

RE: State Commercial Leases
03-1349 & 03-52328

Dear Mr. Miller:

Universal Propulsion Co., Inc. (UPCo) leases State Trust land from the State Land Department to conduct its business of designing, developing and manufacturing military aircraft ejection seats. A hazardous waste permit under the Resource Conservation and Recovery Act is required by the U.S. Environmental Protection Agency and the Arizona Department of Environmental Quality in order for UPCo to operate. Execution of Part A of that permit requires the signature of the landowner.

Enclosed, per your request, is Part A of the permit application with my signature, on behalf of the State Land Department, as landowner.

If you have any questions, please contact me at 542-2119.

Sincerely,

William Dowdle
Manager
Environmental Resources & Trespass Section

WD/ch

LIST OF ATTACHMENTS

TO EPA

HAZARDOUS WASTE PERMIT APPLICATION

PART A

ATTACHMENT	TITLE
A-1	UPCo Facility (File 2011.050, 8.5 X 11)
A-2	UPCo Facility (Drawing 2011.050D, D-size)
A-3	Utilities Map: Well and Septic System Locations (Drawing 2011.052B, D-size)
A-4	Plotted Well Locations on Topographical Map with Arizona Well Registry Report
A-5	UPCo Septic Systems, Wells and Other Sites (size and location)
A-6	Solid Waste Management Units (Drawing 2011.055E, D-size)
A-7	Photographs of UPCo waste areas (6)
A-8	Aerial Photograph of UPCo Facility (Included with Part A dated June 16, 1993)

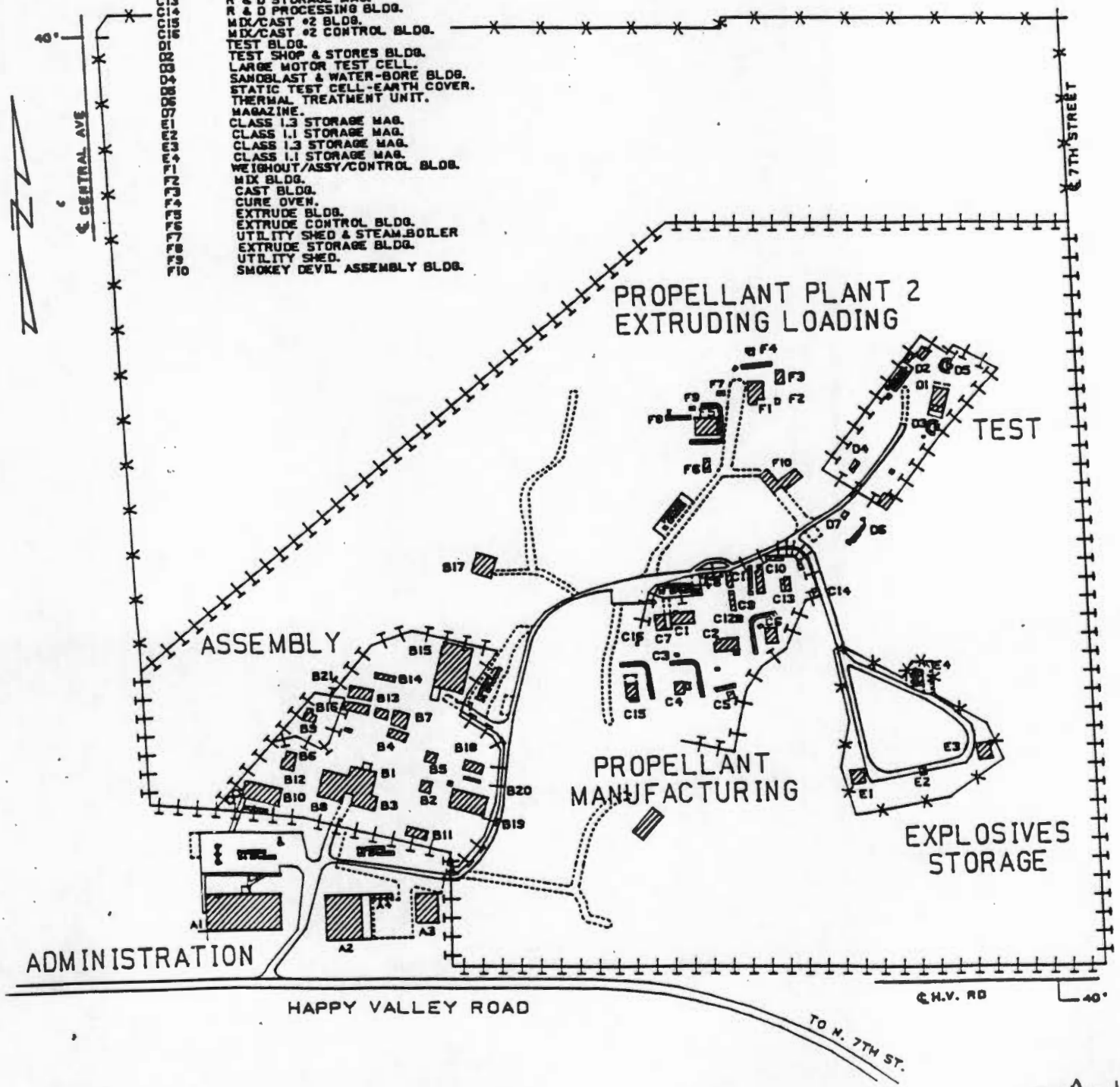
UNIVERSAL PROPULSION COMPANY. INC.

UPCO

ALLIED INDUSTRIES

25401 NORTH CENTRAL AVENUE. PHOENIX, ARIZONA 85027-7837

NUMBER	DESCRIPTION
A1	ADMINISTRATION.
A2	OPERATIONS BLDG. #1
A3	OPERATIONS BLDG. #2
A4	OFFICE TRAILER
B1	MK-16 ASSEMBLY BLDG.
B2	PROPELLANT MACHINE SHOP.
B3	PAINT & PACKOUT.
B4	WEIGH & PRESS BLDG.
B5	SOLVENT STORAGE SHED..
B6	LOAD BLDG. #1.
B7	GFM STORAGE SHED.
B8	CKU-5 ASSEMBLY BLDG.
B9	X-RAY BLDG.
B10	MAINT.,MODEL SHOP, CAD/PAD SHIPPING.
B11	PAINT BLDG.
B12	LOAD BLDG #2.
B13	VEHICLE STORAGE SHED.
B14	MOS TRAILER..
B15	INSPECTION, STORES & ASSEMBLY.
B16	STORAGE SHED.
B17	NORTH STORAGE BLDG.
B18	SAFE & ARM ASSEMBLY.
B19	E.E.D.
B20	PROCESS OVENS.
B21	BOX STORAGE.
C1	CHEMICAL STORAGE BLDG.
C2	LINER/Q.C./WEIGHOUT BLDG.
C3	MIX/CAST #1 CONTROL BUNKER.
C4	MIX/CAST #1 BLDG.
C5	PROPELLANT CURE OVENS.
C6	TOOL-PULL BLDG.
C7	OXIDIZER STORES.
C8	OFFICE TRAILER.
C9	LUNCH TRAILER.
C10	PROPELLANT R & D COMPLEX.
C11	Q.A. TRAILER.
C12	SOLVENT SHED.
C13	R & D STORAGE MAG.
C14	R & D PROCESSING BLDG.
C15	MIX/CAST #2 BLDG.
C16	MIX/CAST #2 CONTROL BLDG.
D1	TEST BLDG.
D2	TEST SHOP & STORES BLDG.
D3	LARGE MOTOR TEST CELL.
D4	SANDBLAST & WATER-BORE BLDG.
D5	STATIC TEST CELL-EARTH COVER.
D6	THERMAL TREATMENT UNIT.
D7	MAGAZINE.
E1	CLASS 1.3 STORAGE MAG.
E2	CLASS 1.1 STORAGE MAG.
E3	CLASS 1.3 STORAGE MAG.
E4	CLASS 1.1 STORAGE MAG.
F1	WEIGHOUT/ASSY/CONTROL BLDG.
F2	MIX BLDG.
F3	CAST BLDG.
F4	CURE OVEN.
F5	EXTRUDE BLDG.
F6	EXTRUDE CONTROL BLDG.
F7	UTILITY SHED & STEAM BOILER
F8	EXTRUDE STORAGE BLDG.
F9	UTILITY SHED.
F10	SMOKEY DEVIL ASSEMBLY BLDG.



A-1

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

GSA No. 0246-EPA-C1

send copy to Stan Rucker

For EPA Regional Use Only

Date Received
Month Day Year

EPA

United States Environmental Protection Agency
Washington, DC 20460

Hazardous Waste Permit Application Part A

(Read the Instructions before starting)

For State Use Only

NM

I. ID Number(s)

A. EPA ID Number

A Z D 9 8 0 8 1 4 4 7 9

B. Secondary ID Number *(If applicable)*

II. Name of Facility

U N I V E R S A L P R O P U L S I O N C O . I N C .

III. Facility Location *(Physical address not P.O. Box or Route Number)*

A. Street

2 5 4 0 1 N O R T H C E N T R A L A V E N U E

Street *(continued)*

(7 t h S t . & H a p p y V a l l e y R d .)

City or Town

P h o e n i x

State A Z

ZIP Code 8 5 0 2 7 - 7 8 3 7

County Code *(If known)*

County Name

M A R I C O P A

B. Land Type *(enter code)*

S

C. Geographic Location

LATITUDE *(degrees, minutes, & seconds)*

3 3 4 2 5 7 0

LONGITUDE *(degrees, minutes, & seconds)*

1 1 2 0 4 0 9 7

D. Facility Existence Date

Month Day Year

0 8 1 4 1 9 7 2

IV. Facility Mailing Address

Street or P.O. Box

2 5 4 0 1 N O R T H C E N T R A L A V E N U E

City or Town

P H O E N I X

State A Z

ZIP Code 8 5 0 2 7 - 7 8 3 7

V. Facility Contact *(Person to be contacted regarding waste activities at facility)*

Name *(last)*

J O H N S O N

(first)

W I L L I A M

Job Title

D I R . A D M I N I S T R A T I O N

Phone Number *(area code and number)*

6 0 2 - 8 6 9 - 8 0 6 7

VI. Facility Contact Address *(See instructions)*

A. Contact Address Location: X Mailing: X

B. Street or P.O. Box

2 5 4 0 1 N O R T H C E N T R A L A V E .

City or Town

P H O E N I X

State A Z

ZIP Code 8 5 0 2 7 - 7 8 3 7

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved. OMB No. 2050-0034 Expires 12-31-91
GSA No. 0246-EPA-OT

EPA I.D. Number (enter from page 1)	Secondary ID Number (enter from page 1)
AZD980814479	

VII. Operator Information (see instructions)

Name of Operator			
UNIVERSAL PROPULSION CO. INC.			
Street or P.O. Box			
25401 NORTH CENTRAL AVENUE			
City or Town	**State**	**ZIP Code**	
PHOENIX	AZ	85027-7837	

Phone Number (area code and number)	B. Operator Type	C. Change of Operator Indicator	Date Changed (Month Day Year)
602-869-8067	P	Yes: No: X	

VIII. Facility Owner (see instructions)

A. Name of Facility's Legal Owner			
UNIVERSAL PROPULSION CO. INC.			
Street or P.O. Box			
25401 NORTH CENTRAL AVENUE			
City or Town	**State**	**ZIP Code**	
PHOENIX	AZ	85027-7837	

Phone Number (area code and number)	B. Owner Type	C. Change of Owner Indicator	Date Changed (Month Day Year)
602-869-8067	P	Yes: No: X	

IX. SIC Codes (4-digit, in order of significance)

Primary		Secondary	
3728	(description) Military Aircraft Ejection Seats	2892	(description) Solid Propellants (explosives)
Secondary		**Secondary**	
	(description)		(description)

X. Other Environmental Permits (see instructions)

A. Permit Type (enter code)	B. Permit Number	C. Description
E	93010555	Open Burning Permit- ADEQ/OAQ
E	A8602464	Maricopa County Painting, Solvent Storage & Handling, and Degreasing Permit
E	780044	ADEQ Office of Air Quality Installation Permit for Thermal Treatment Unit
E	102500	ADEQ Office of Water Quality Aquifer Protection Permit Application
N	AZR00A076	NPDES Storm Water General Permit Coverage Notice (EPA)

EPA I.D. Number (enter from page 1) | Secondary ID Number (enter from page 1)

A	Z	D	9	8	0	8	1	4	4	7	9

XI. Nature of Business (provide a brief description)

Design, develop and manufacture military aircraft ejection seats and related components for man-rated escape systems including required solid propellants and explosive loaded devices. Manufacture of explosive loaded devices for NASA Space Shuttle Program. Manufacture of solid propellant loaded decoy devices, gas generators and flare simulators.

XII. Process - Codes and Design Capacities

A. PROCESS CODE - *Enter the code from the list of process codes below that best describes each process to be used at the facility. Twelve lines are provided for entering codes. If more lines are needed, attach a separate sheet of paper with the additional information. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided in Item XIII.*

B. PROCESS DESIGN CAPACITY - *For each code entered in column A, enter the capacity of the process.*

1. AMOUNT - *Enter the amount. In a case where design capacity is not applicable (such as in a closure/post-closure or enforcement action) enter the total amount of waste for that process unit.*
2. UNIT OF MEASURE - *For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.*

C. PROCESS TOTAL NUMBER OF UNITS - *Enter the total number of units used with the corresponding process code.*

PROCESS CODE	PROCESS	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
	DISPOSAL:	
D79	INJECTION WELL	GALLONS; LITERS; GALLONS PER DAY; OR LITERS PER DAY
D80	LANDFILL	ACRE-FEET OR HECTARE-METER
D81	LAND APPLICATION	ACRES OR HECTARES
D82	OCEAN DISPOSAL	GALLONS PER DAY OR LITERS PER DAY
D83	SURFACE IMPOUNDMENT	GALLONS OR LITERS
	STORAGE:	
S01	CONTAINER (barrel, drum, etc.)	GALLONS OR LITERS
S02	TANK	GALLONS OR LITERS
S03	WASTE PILE	CUBIC YARDS OR CUBIC METERS
S04	SURFACE IMPOUNDMENT	GALLONS OR LITERS
	TREATMENT:	
T01	TANK	GALLONS PER DAY OR LITERS PER DAY
T02	SURFACE IMPOUNDMENT	GALLONS PER DAY OR LITERS PER DAY
T03	INCINERATOR	SHORT TONS PER HOUR; METRIC TONS PER HOUR; GALLONS PER HOUR; LITERS PER HOUR; OR BTU'S PER HOUR
T04	OTHER TREATMENT (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundment or incinerators. Describe the processes in the space provided in Item XII.)	GALLONS PER DAY; LITERS PER DAY; POUNDS PER HOUR; SHORT TONS PER HOUR; KILOGRAMS PER HOUR; METRIC TONS PER DAY; METRIC TONS PER HOUR; OR SHORT TONS PER DAY

UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G
GALLONS PER HOUR	E
GALLONS PER DAY	U
LITERS	L
LITERS PER HOUR	H
LITERS PER DAY	V
SHORT TONS PER HOUR	D
METRIC TONS PER HOUR	W
SHORT TONS PER DAY	N
METRIC TONS PER DAY	S
POUNDS PER HOUR	J
KILOGRAMS PER HOUR	R
CUBIC YARDS	Y
CUBIC METERS	C
ACRES	B
ACRE-FEET	A
HECTARES	Q
HECTARE-METER	F
BTU's PER HOUR	K

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Form Approved. OMB No. 2050-0034 Expires 12-31-91
GSA No. 0246-EPA-OT

EPA I.D. Number (enter from page 1): A Z D 9 8 0 8 1 4 4 7 9

Secondary ID Number (enter from page 1):

XII. Process - Codes and Design Capacities (continued)

EXAMPLE FOR COMPLETING ITEM XII (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

Line Number	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY 1. AMOUNT (specify)	B. PROCESS DESIGN CAPACITY 2. UNIT OF MEASURE (enter code)	C. PROCESS TOTAL NUMBER OF UNITS	FOR OFFICIAL USE ONLY
X 1	S 0 2	600	G	0 0 2	
X 2	T 0 3	20	E	0 0 1	
1	T 0 4	25' X 75' burn pad w/ 10' apron (all concrete)		0 0 1	
2	T 0 4	Thermal Treatment Unit		0 0 1	
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

NOTE: If you need to list more than 12 process codes, attach an additional sheet(s) with the information in the same format as above. Number the lines sequentially, taking into account any lines that will be used for additional treatment processes in item XIII.

XIII. Additional Treatment Processes (follow instructions from item XII)

Line Number (enter numbers in sequence with Item XII)	A. PROCESS CODE	B. TREATMENT PROCESS DESIGN CAPACITY 1. AMOUNT (specify)	B. TREATMENT PROCESS DESIGN CAPACITY 2. UNIT OF MEASURE (enter code)	C. PROCESS TOTAL NUMBER OF UNITS	D. DESCRIPTION OF PROCESS
01	T 0 4	300	J	0 0 1	Burn pad- limited to one scrap propellant/oxidizer burn per day of 300 lbs max. Limited to 1000 lbs per week. Climatic conditions limit burns per week, usually to less than 3/wk.
01	T 0 4	600	J	0 0 1	Thermal treatment unit - scrap propellant & oxidizer burned at rate of 2 lb per 40-60 sec. Hourly limit is 100 lbs. Daily maximum is 600 lbs.
	T 0 4				
	T 0 4				

EPA I.D. Number (enter from page 1)											Secondary ID Number (enter from page 1)													
A	Z	D	9	8	0	8	1	4	4	7	9													

XIV. Description of Hazardous Wastes

A. EPA HAZARDOUS WASTE NUMBER - Enter the four-digit number from 40 CFR, Part 261 Subpart D of each listed hazardous waste you will handle. For hazardous wastes which are not listed in 40 CFR, Part 261 Subpart D, enter the four-digit number(s) from 40 CFR, Part 261 Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY - For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE - For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item XII A. on page 3 to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous waste: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item XII A. on page 3 to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

NOTE: THREE SPACES ARE PROVIDED FOR ENTERING PROCESS CODES. IF MORE ARE NEEDED:

1. Enter the first two as described above.
2. Enter "000" in the extreme right box of Item XIV-D(1).
3. Enter in the space provided on page 7, Item XIV-E, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form (D.(2)).

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER - Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM XIV (shown in line numbers X-1, X-2, X-3, and X-4 below) - A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

Line Number	A. EPA HAZARD WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESS (1) PROCESS CODES (enter)									(2) PROCESS DESCRIPTION (if a code is not entered in D(1))
X 1	K 0 5 4	900	P	T	0	3	D	8	0				
X 2	D 0 0 2	400	P	T	0	3	D	8	0				
X 3	D 0 0 1	100	P	T	0	3	D	8	0				
X 4	D 0 0 2												Included With Above

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GSA No. 0246-EPA-OT

EPA I.D. Number (enter from page 1): A Z D 9 8 0 8 1 4 4 7 9

Secondary ID Number (enter from page 1):

XIV. Description of Hazardous Wastes (continued)

Line Number	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES (1) PROCESS CODES (enter)	D. PROCESSES (2) PROCESS DESCRIPTION (if a code is not entered in D(1))
1	D003	24,000	P	T04	Open burning of waste solid propellant and oxidizers.
2	D001				included in above
3	D005				included in above
4	D006				included in above
5	D007				included in above
6	D008				included in above
7	K044				included in above
8	D003	50,000	P	T04	Thermal treatment by burning waste propellant & oxidizers
9	D001				included in above
10	D008				included in above
11	K044				included in above
12					
13					
14					
15					
16					
17					
18					
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21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					

EPA I.D. Number (enter from page 1)	Secondary ID Number (enter from page 1)
A 7 D 9 8 0 8 1 4 4 7 9	

XIV. Description of Hazardous Waste (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 6.

Line Number	Additional Process Codes (enter)

XV. Map

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in this map area. See instructions for precise requirements.

XVI. Facility Drawing

All existing facilities must include a scale drawing of the facility (see instructions for more detail).

XVII. Photographs

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

XVIII. Certification(s)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Owner Signature	Date Signed
William M. Johnson	16 Jun 93
Name and Official Title (type or print): William M. Johnson, Director, Administration	
Operator Signature	Date Signed
Name and Official Title (type or print)	

XIX. Comments

Revises Part A dated 10 Sep 1992, to include thermal treatment unit feed rate changes and corrects an omission of K044 wastes burned in both treatment methods.

Section VIII. Land owner - Arizona State Land Department — Lease No. 03-1349

1616 West Adams — Phone: (602) 542-2668

Phoenix, AZ 85009

Note: Mail completed form to the appropriate EPA Regional or State Office. (refer to instructions for more information)

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved. OMB No. 2050-0034 Expires 12-31-91
GSA No. 0246-EPA-OT

For EPA Regional Use Only		For State Use Only
Date Received Month Day Year	**Hazardous Waste Permit Application Part A** (Read the Instructions before Starting.)	

9/10/92

I. ID Number(s)

A. EPA ID Number	B. Secondary ID Number (if applicable)
AZD980814479	

II. Name of Facility

UNIVERSAL PROPULSION CO. INC.

III. Facility Location (Physical address not P.O. Box or Route Number)

A. Street

2540 1 NORTH CENTRAL AVENUE

Street (continued)

(7th St. & Happy Valley Rd.)

City or Town	State	ZIP Code
PHOENIX	AZ	85027-7837

County Code (if known)	County Name
	MARICOPA

B. Land Type (enter code)	C. Geographic Location		D. Facility Existence Date
	LATITUDE (degrees, minutes, & seconds)	LONGITUDE (degrees, minutes, & seconds)	Month Day Year
S	33 42 57.0	112 04 09.7	08 14 1972

IV. Facility Mailing Address

Street or P.O. Box

2540 1 NORTH CENTRAL AVENUE

City or Town	State	ZIP Code
PHOENIX	AZ	85027-7837

V. Facility Contact (Person to be contacted regarding waste activities at facility)

Name (last)	(first)
HUBER	JOHN

Job Title	Phone Number (area code and number)
VP ADMINISTRATION	602-869-8067

VI. Facility Contact Address (See instructions)

A. Contact Address Location	A. Contact Address Mailing	B. Street or P.O. Box
X	X	2540 1 NORTH CENTRAL AVE.

City or Town	State	ZIP Code
PHOENIX	AZ	85027-7837

DE
CW
3/16/93

EPA I.D. Number (enter from page 1): AZD980814479

Secondary I.D. Number (enter from page 1):

VII. Operator Information

A. Name of Operator

UNIVERSAL PROPULSION CO. INC.

Street or P.O. Box

25401 NORTH CENTRAL AVENUE

City or Town

PHOENIX

State: AZ **ZIP Code**: 85027-7837

Phone Number (area code and number): 602-869-8067

B. Operator Type: P

C. Change of Operator Indicator: Yes [ ] No [X]

Date Changed Month Day Year:

VIII. Facility Owner (see instructions)

A. Name of Facility's Legal Owner

UNIVERSAL PROPULSION CO. INC.

Street or P.O. Box

25401 NORTH CENTRAL AVENUE

City or Town

PHOENIX

State: AZ **ZIP Code**: 85027-7837

Phone Number (area code and number): 602-869-8067

B. Owner Type: P

C. Change of Owner Indicator: Yes [ ] No [X]

Date Changed Month Day Year:

IX. SIC Codes (4-digit, in order of significance)

Primary		Secondary	
3728	(description) Military Aircraft Ejection Seats	2892	(description) Solid Propellants (explosives)
Secondary		Secondary	
	(description)		(description)

X. Other Environmental Permits (see instructions)

A. Permit Type (enter code)	B. Permit Number	C. Description
E	OAQ PUJTH8588	Open Burning Permit (ADEQ)
E	A8602464	Maricopa County Painting, Solvent Storage & Handling, and Degreasing Permit
E	78004	Office of Air Quality Installation Permit for Thermal Treatment Unit (ADEQ Air Quality Permit)
E	102500	Aquifer Protection Permit Application with ADEQ Office of Water Quality

EPA I.D. Number (enter from page 1)												Secondary ID Number (enter from page 1)												
A	Z	D	9	8	0	8	1	4	4	7	9													

XI. Nature of Business (provide a brief description)

Design, develop and manufacture military aircraft ejection seats and related components for man-rated escape systems including required solid propellants and explosive loaded devices. Manufacture of explosive loaded devices for NASA Space Shuttle Program.

XII. Process - Codes and Design Capacities

A. PROCESS CODE - *Enter the code from the list of process codes below that best describes each process to be used at the facility. Twelve lines are provided for entering codes. If more lines are needed, attach a separate sheet of paper with the additional information. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided in Item XIII.*

B. PROCESS DESIGN CAPACITY - *For each code entered in column A, enter the capacity of the process.*

1. **AMOUNT** - *Enter the amount. In a case where design capacity is not applicable (such as in a closure/post-closure or enforcement action) enter the total amount of waste for that process unit.*
2. **UNIT OF MEASURE** - *For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.*

C. PROCESS TOTAL NUMBER OF UNITS - *Enter the total number of units used with the corresponding process code.*

PROCESS CODE	PROCESS	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
	DISPOSAL:	
D79	INJECTION WELL	GALLONS; LITERS; GALLONS PER DAY; OR LITERS PER DAY
D80	LANDFILL	ACRE-FEET OR HECTARE-METER
D81	LAND APPLICATION	ACRES OR HECTARES
D82	OCEAN DISPOSAL	GALLONS PER DAY OR LITERS PER DAY
D83	SURFACE IMPOUNDMENT	GALLONS OR LITERS
	STORAGE:	
S01	CONTAINER (barrel, drum, etc.)	GALLONS OR LITERS
S02	TANK	GALLONS OR LITERS
S03	WASTE PILE	CUBIC YARDS OR CUBIC METERS
S04	SURFACE IMPOUNDMENT	GALLONS OR LITERS
	TREATMENT:	
T01	TANK	GALLONS PER DAY OR LITERS PER DAY
T02	SURFACE IMPOUNDMENT	GALLONS PER DAY OR LITERS PER DAY
T03	INCINERATOR	SHORT TONS PER HOUR; METRIC TONS PER HOUR; GALLONS PER HOUR; LITERS PER HOUR; OR BTU'S PER HOUR
T04	OTHER TREATMENT (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundment or incinerators. Describe the processes in the space provided in Item XIII.)	GALLONS PER DAY; LITERS PER DAY; POUNDS PER HOUR; SHORT TONS PER HOUR; KILOGRAMS PER HOUR; METRIC TONS PER DAY; METRIC TONS PER HOUR; OR SHORT TONS PER DAY

UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G
GALLONS PER HOUR	E
GALLONS PER DAY	U
LITERS	L
LITERS PER HOUR	H
LITERS PER DAY	V
SHORT TONS PER HOUR	D
METRIC TONS PER HOUR	W
SHORT TONS PER DAY	N
METRIC TONS PER DAY	S
POUNDS PER HOUR	J
KILOGRAMS PER HOUR	R
CUBIC YARDS	Y
CUBIC METERS	C
ACRES	B
ACRE-FEET	A
HECTARES	Q
HECTARE-METER	F
BTU's PER HOUR	K

14. EPA I.D. Number (enter from page 1)												Secondary ID Number (enter from page 1)											
A	Z	D	9	8	0	8	1	4	4	7	9												

XII. Process Codes and Design Capacities (continued)

EXAMPLE FOR COMPLETING ITEM XII (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

Line Number	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY 1. AMOUNT (specify)	B. PROCESS DESIGN CAPACITY 2. UNIT OF MEASURE (enter code)	C. PROCESS TOTAL NUMBER OF UNITS	FOR OFFICIAL USE ONLY
X 1	S 0 2	600	G	0 0 2	
X 2	T 0 3	20	E	0 0 1	
1	T 0 4	25' x 75' burn pad /w 10' apron (all concrete)		0 0 1	
2	T 0 4	Thermal Treatment Unit		0 0 1	
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

NOTE: If you need to list more than 12 process codes, attach an additional sheet(s) with the information in the same format as above. Number the lines sequentially, taking into account any lines that will be used for additional treatment processes in Item XIII.

XIII. Additional Treatment Processes (follow instructions from Item XII)

Line Number (enter numbers in sequence with Item XII)	A. PROCESS CODE	B. TREATMENT PROCESS DESIGN CAPACITY 1. AMOUNT (specify)	B. TREATMENT PROCESS DESIGN CAPACITY 2. UNIT OF MEASURE (enter code)	C. PROCESS TOTAL NUMBER OF UNITS	D. DESCRIPTION OF PROCESS
01	T 0 4	500	J	0 0 1	Burn Pad- one propellant scrap burn per day 250-500 lbs (normal). Max 500 lbs/week. Climatic conditions limit burns/week. Usually burn less than twice each week.
01	T 0 4	540	J	0 0 1	Thermal Treatment Unit- scrap propellant is burned at rate of 2 lb/20 sec or 6 lb/min. Does not exceed 90 lb/hr. 540 lbs per day is maximum.
	T 0 4				
	T 0 4				

EPA I.D. Number (enter from page 1)												Industry I.D. Number (enter from page 1)											
A	Z	D	9	8	0	8	1	4	4	7													

XIV. Description of Hazardous Wastes

A. EPA HAZARDOUS WASTE NUMBER - *Enter the four digit number(s) from 40 CFR Part 261 Subpart D of each listed hazardous waste you will handle. For hazardous wastes which are not listed in 40 CFR Part 261 Subpart D, enter the four-digit number(s) from 40 CFR Part 261 Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.*

B. ESTIMATED ANNUAL QUANTITY - *For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.*

C. UNIT OF MEASURE - *For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:*

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item XII-A on page 3 to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous waste: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item XII A on page 3 to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that processes that characteristic or toxic contaminant.

NOTE: THREE SPACES ARE PROVIDED FOR ENTERING PROCESS CODES. IF MORE ARE NEEDED:

1. *Enter the first two as described above.*
2. *Enter "000" in the extreme right box of Item XIV-D(1).*
3. *Enter in the space provided on page 7, Item XIV-E, the line number and the additional code(s).*

2. PROCESS DESCRIPTION: *If a code is not listed for a process that will be used, describe the process in the space provided on the form (D.(2)).*

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER - Hazardous wastes that can be described by more than one EPA Hazardous Waste Number, shall be described on the form as follows:

1. *Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.*
2. *In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.*
3. *Repeat step 2 for each EPA Hazardous Waste Number that can be used to describe the hazardous waste.*

EXAMPLE FOR COMPLETING ITEM XIV (shown in line numbers X-1, X-2, X-3, and X-4 below) - A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

Line Number		A. EPA HAZARD WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESS (1) PROCESS CODES (enter)								D. PROCESS (2) PROCESS DESCRIPTION (if a code is not entered in D(1))
X	1	K	0	5	4	900	P	T	0	3	D	8	0			
X	2	D	0	0	2	400	P	T	0	3	D	8	0			
X	3	D	0	0	1	100	P	T	0	3	D	8	0			
X	4	D	0	0	2											Included With Above

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EPA I.D. Number (enter from page 1)												Secondary ID Number (enter from page 1)												
A	Z	D	9	8	0	8	1	4	4	7	9													

XIV. Description of Hazardous Wastes (continued)

Line Number		A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES (1) PROCESS CODES (enter)	D. PROCESSES (2) PROCESS DESCRIPTION (If a code is not entered in D(1))
1	1	D003	24,000	P	T04	Open burning of waste solid propellant & oxidizers.
2	2	D001				included in above
3	3	D005				included in above
4	4	D006				included in above
5	5	D007				included in above
6	6	D008				included in above
7	7	D003	50,000	P	T04	Thermal treatment by burning waste propellant & oxidizer
8	8	D001				
9	9					
10	0					
11	1					
12	2					
13	3					
14	4					
15	5					
16	6					
17	7					
18	8					
19	9					
20	0					
21	1					
22	2					
23	3					
24	4					
25	5					
26	6					
27	7					
28	8					
29	9					
30	0					
31	1					
32	2					
33	3					

EPA I.D. Number (enter from page 1)												Secondary ID Number (enter from page 1)														
A	Z	D	9	8	0	8	1	4	4	7	9															

XIV. Description of Hazardous Waste (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 6.

Line Number	Additional Process Codes (enter)																									

XV. Map

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in this map area. See instructions for precise requirements.

XVI. Facility Drawing

All existing facilities must include a scale drawing of the facility (see instructions for more detail).

XVII. Photographs

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

XVIII. Certification(s)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Owner Signature	Date Signed
John F Huber	10 Sep 1992

Name and Official Title (type or print)
John F. Huber, Vice President, Administration

Operator Signature	Date Signed

Name and Official Title (type or print)

XIX. Comments

Revises Part A dated 13 Feb 1987 submitted by UPCO with Part B Application on 8 Nov 88.

Section VIII. Land Owner- Arizona State Land Department Lease 03-1349
1616 West Adams Phone: (602) 542-2668
Phoenix, AZ 85009

Note: Mail completed form to the appropriate EPA Regional or State Office. (refer to instructions for more information)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION IX
75 Hawthorne Street
San Francisco, CA 94105

MEMORANDUM

Subject: Revised Part A
Universal Propulsion Co., AZD980814479

From: Stan Brown Stan September 23, 1992

To: Debbie Albert, PRC

Enclosed is the revised Part A for the above referenced facility. Please enter data as submitted. Do not return the Part A for an original signature. The original was sent to Arizona DEQ, which has already approved this modification.

Thanks.

LIST OF ATTACHMENTS

TO EPA

HAZARDOUS WASTE PERMIT APPLICATION

PART A

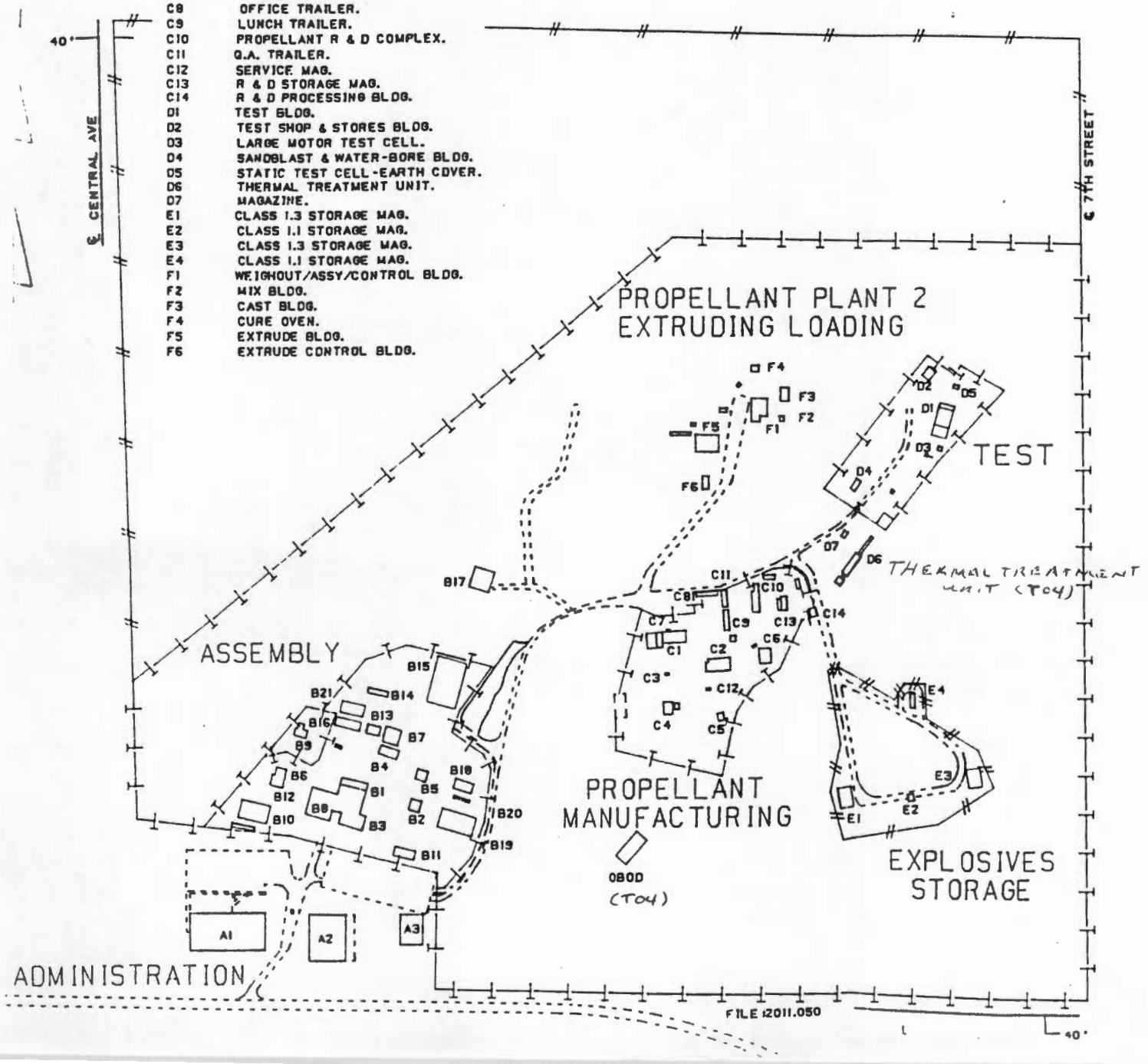
ATTACHMENT	TITLE
1	UPCO Facility (File 2011.050, 8.5 x 11)
2	UPCO Facility (Drawing 2011.050 C, D-size)
3	Utilities Map: Well & Septic System Locations (2011.052 A, D-size)
4	Plotted Well Locations & Topographical Map with Arizona Well Registry Report
5	UPCO Septic Systems, Wells, and Other Sites (size & location)
6	Solid Waste Management Units (2011.055 B, D-size)
7	UPCO Photographs (6)
8	Aerial Photograph of UPCO Facility (1" = 200')

LEGEND:

NUMBER	DESCRIPTION
A1	ADMINISTRATION.
A2	OPERATIONS BLDG. #1
A3	OPERATIONS BLDG. #2
B1	MK-16 ASSEMBLY BLDG.
B2	PROPELLANT MACHINE SHOP.
B3	PAINT & PACKOUT.
B4	WEIGH & PRESS BLDG.
B5	SOLVENT STORAGE SHED..
B6	LOAD BLDG. #1.
B7	GFM STORAGE SHED.
B8	CKU-5 ASSEMBLY BLDG.
B9	X-RAY BLDG.
B10	MAINT.,MODEL SHOP. CAD/PAD SHIPPING.
B11	PAINT BLDG.
B12	LOAD BLDG #2.
B13	VEHICLE STORAGE SHED.
B14	MOS TRAILER..
B15	INSPECTION, STORES & ASSEMBLY.
B16	STORAGE SHED.
B17	NORTH STORAGE BLDG.
B18	SAFE & ARM ASSEMBLY.
B19	E.E.D.
B20	PROCESS OVENS.
B21	BOX STORAGE.
C1	CHEMICAL STORAGE BLDG.
C2	LINER/Q.C./WEIGHOUT BLDG.
C3	MIX/CAST CONTROL BUNKER.
C4	MIX/CAST BLDG.
C5	PROPELLANT CURE OVENS.
C6	TOOL-PULL BLDG.
C7	OXIDIZER STORES.
C8	OFFICE TRAILER.
C9	LUNCH TRAILER.
C10	PROPELLANT R & D COMPLEX.
C11	Q.A. TRAILER.
C12	SERVICE MAG.
C13	R & D STORAGE MAG.
C14	R & D PROCESSING BLDG.
D1	TEST BLDG.
D2	TEST SHOP & STORES BLDG.
D3	LARGE MOTOR TEST CELL.
D4	SANDBLAST & WATER-BORE BLDG.
D5	STATIC TEST CELL-EARTH COVER.
D6	THERMAL TREATMENT UNIT.
D7	MAGAZINE.
E1	CLASS 1.3 STORAGE MAG.
E2	CLASS 1.1 STORAGE MAG.
E3	CLASS 1.3 STORAGE MAG.
E4	CLASS 1.1 STORAGE MAG.
F1	WEIGHOUT/ASSY/CONTROL BLDG.
F2	MIX BLDG.
F3	CAST BLDG.
F4	CURE OVEN.
F5	EXTRUDE BLDG.
F6	EXTRUDE CONTROL BLDG.

UNIVERSAL PROPULSION COMPANY, INC. | Talley INDUSTRIES

BLACK CANYON STAGE I, BOX 1140 . PHOENIX, ARIZONA 85027



1.

LONG 112°05'00"

LONG 112°02'30"

33°43'30"

33°42'30"

CAVE BUTTES RECREATION AREA

Cave Creek Dam

Gravel Pit

Prospects

Gravel Pit

Gravel Pit

Gravel Pit

UPCo Facility

CANAL

VALLEY ROAD

PHOENIX CORP BOUNDARY

Wash

PLOTTED WELL LOCATIONS (within 1/2 mile of UPCO)

WELL REGISTRY REPORT

Q D	TWN	RNG	SC	Q	Q	Q	WR	DWR NR	A C	F L E	A I R E A	SB	WS	T Y P E	CN CD	OW	WTR USE	WL US	DATE ISSUED	T NR	IPUMP CAPAC	CHANGE D A T	O W N	STATUS L O G	C R T	P Q NR	I P Q STATUS
1	040	030	05	A	A	C	WR	521541	1		C	04	06	D	07	P	D	W	06/21/988	355	10			X	C		
BAGLEY, MARK									S								PO BOX 41190										
582	8	582	P					250	07/26/988																		
2	040	030	05	A	C	A	WR	505273	1		C	04	06	E	07	P	D	W	04/27/983	127	15			X	C		
GORDON									J								12448 N ESCOBAR WAY										
200	8	200	B					125	05/00/983																		
3	040	030	05	A	C	B	WR	504957	1		C	04	06	E	07	P	D	W	03/11/983	127	10			X	X		
SANDY									B								BOX 1117-D BCS 1										
800	8	800	B		10			700	04/00/983								10	1	S	T	756						
4	040	030	05	A	C	C	WR	520393	1		C	04	06	D	07	P	D	W	02/24/988	667	10			X	X		
NELSON, LLOYD																	#1117L BLK CYN II										
173	8	25	P		11			70	11/18/988								3	1	S	S	60						
5	040	030	05	A	C	C	WR	523968	1		C	06	06	D	07	P	D	W	03/17/989	355	10			X	I		
OLARI, PETE																	4101 W UNION HILLS										
504	8	504	P					186	03/23/989																		
	040	030	05	A	C	C	WR	525999	1		C	06	06	D	07	P	D	W	09/20/989	693	10			I	I		
COSTNER, ROBERTA									& WILLIAM								1117 E BLACK CYN S 1										
									/ /																		
6	040	030	05	A	C	D	WR	516340	1		C	04	07	D	07	P	D	W	12/24/986	355	10			X	C		
SANDY, JAMES									K								1313 E CHRISTY DR										
400	8	400	B					355	02/07/987																		
7	040	030	05	A	C	D	WR	522493	1		C	06	06	D	07	P	D	W	09/28/988	355	10			X	X		
MCGOUGH, MICHAEL																	2302 W CORRINE										
440	8	442	P		15			280	10/07/988								30	1	S	T	20						
8	040	030	05	A	D	A	WR	520617	1		C	06	06	D	07	P	D	W	03/22/988	355	10			X	X		
JOHNSTON, LEROY									E	SPACE 165							19301 N 7TH ST										
480	8	480	B		20			320	04/02/988								15	1		T							
9	040	030	05	A	D	B	WR	504639	1		C	04	07	E	07	P	D	W	01/14/983	004	35	X	X	X	C		
GALLAGHER, DANIEL																	BOX 1139-B BCS I										
405	6	404	P					175	02/11/983																		

NAME	F I	M I	%	NAME	STREET	CITY	ST	ZIP
1 BAGLEY, MARK	S				PO BOX 41190	PHOENIX	AZ	85080
2 GORDON	J				12448 N ESCOBAR WAY	PHOENIX	AZ	85022
3 SANDY	B				BOX 1117-D BCS 1	PHOENIX	AZ	85029
4 NELSON, LLOYD					#1117L BLK CYN II	PHOENIX	AZ	85029
5 OLARI, PETE					4101 W UNION HILLS	GLENDALE	AZ	85038
COSTNER, ROBERTA	& WILLIAM				1117 E BLACK CYN S 1	PHOENIX	AZ	85027
6 SANDY, JAMES	K				1313 E CHRISTY DR	PHOENIX	AZ	85020
7 MCGOUGH, MICHAEL					2302 W CORRINE	PHOENIX	AZ	85029
8 JOHNSTON, LEROY	E	SPACE 165			19301 N 7TH ST	PHOENIX	AZ	85024
9 GALLAGHER, DANIEL					BOX 1139-B BCS I	PHOENIX	AZ	85029

WELL DPTH	CS DI	DPTH CASE	F N	RPUMP CAPAC	LEVL CASE	DATE COMPLETE	ACRES IRRIG	YIELD	M D	L T	P T	DRAW DOWN	PLACE OF USE 1	PLACE OF USE 2
1 582	8	582	P		250	07/26/988							SW NE NE 05 040N 030E	
2 200	8	200	B		125	05/00/983							NE SW NE 05 040N 030E	
3 800	8	800	B	10	700	04/00/983		10	1	S	T	756	NW SW NE 05 040N 030E	
4 173	8	25	P	11	70	11/18/988		3	1	S	S	60	SW SW NE 05 040N 030E	
5 504	8	504	P		186	03/23/989							SW SW NE 05 040N 030E	
COSTNER, ROBERTA						/ /							SW SW NE 05 040N 030E	
6 400	8	400	B		355	02/07/987								
7 440	8	442	P	15	280	10/07/988		30	1	S	T	20	SE SW NE 05 040N 030E	
8 480	8	480	B	20	320	04/02/988		15	1		T		NE SE NE 05 040N 030E	
9 405	6	404	P		175	02/11/983							NW SE NE 05 040N 030E	

WELL REGISTRY REPORT

Q D	TWN	RNG	SC	Q Q Q	WR	DWR NR	A C	F I L E	A R E A	SB	WS	T Y P E	CN CD	OW	WTR USE	WL US	DATE ISSUED	T NR	IPUMP CAPAC	CHANGE D A T	O W N	STATUS L O G	C R T	P Q NR	I P Q STATUS
	NAME				F I	M I	%	NAME			STREET						CITY		ST	ZIP					
WELL DPTH	CS DI	DPTH CASE	F N	RPUMP CAPAC	LEVL CASE	DATE COMPLETE	ACRES IRRIG		YIELD	M D	L T	P T	DRAW DOWN	PLACE OF USE 1										PLACE OF USE 2	
10	A 040 030 05 A D C				WR	507764	1		C	04	06	D	07	P	D	W	04/16/984	117	25			X	C		
BAILEY						M S							BOX 117-G BCS #1				PHOENIX		AZ	85029					
400	6	400	P		280	04/20/984												SW SE NE 05 040N 030E							
11	A 040 030 05 B A A				WR	500443	1		C		06	E	07	P	D	W	/ /	127				X	X		
PAINTER						B							BOX 35221				PHOENIX		AZ	85069					
345	6	345	B		320	00/00/981									S	T									
12	A 040 030 05 B A D				WR	509693	1		C	06	07	D	07	P	D	W	11/16/984	355	15			X	C		
PURRINGTON						R A							18602 N 12TH AVE				PHOENIX		AZ	85027					
366	5	366	B		142	11/27/984												SE NE NW 05 040N 030E							
13	A 040 030 05 B A D				WR	523969	1		C	06	06	D	07	P	D	W	03/17/989	355	10			X	I		
WESTWOOD, ALEX													2403 W CAMPBELL				PHOENIX		AZ	85015					
340	8	340	P		141	03/25/989												SE NE NW 05 040N 030E							
14	A 040 030 05 B B D				WR	507128	1	M	C	06	07	D	07	P	D	W	02/03/984	289	5			X	X		
FRAZE (PRASAR)						L E							BOX 1139-J BCC I				PHOENIX		AZ	85029					
265	6	80	P	15	130	02/02/984									15	1	S	S	200	SE NW NW 05 040N 030E					
15	A 040 030 05 B C C				WR	514064	1		C	04	06	D	07	P	D	W	04/24/986	289	25			X	X		
FOGLEMAN, CHARLES						& ETHEL							1117-A BLK CYN STG 1				PHOENIX		AZ	85029					
500	4	400	P	7	288	06/02/986									7	4	S	S	93	SW SW NW 05 040N 030E					
16	A 040 030 05 B C C				WR	516036	1		C	06	06	D	07	P	D	W	11/14/986	355	10			X	X		
GRANTHAM, MICHAEL						M							BOX 1139-D BCS I				PHOENIX		AZ	85027					
500	7	500	B	10	86	11/19/986									10	1	S	T	140						
17	A 040 030 05 B C C				WR	517035	1		C	06	07	D	07	P	D	W	03/04/987	461	10	X		X	X		
FOGLEMAN, CHARLES													1117 A BLK CYN STG				PHOENIX		AZ	85029					
490	4	490	B	6	288	06/12/987									6	1	S	S	440						
18	A 040 030 05 B C D				WR	514515	1		C	04	06	D	07	P	D	W	06/04/986	289	10			X	X		
RIES, FRED						W							1117 BLACK CYN STG I				PHOENIX		AZ	85029					
440	4	440	P	7	360	06/16/986									7	4	S	S	60	SE SW NW 05 040N 030E					
19	A 040 030 05 B D A				WR	507122	1		C	04	06	D	07	P	D	U	02/03/984	355	10			X	N		
SMITH						R							PO BOX 30753				PHOENIX		AZ	85046					
400					DRY	02/07/984														05 040N 030E					

WELL REGISTRY REPORT

Q D	TWN	RNG	SC	Q Q Q	WR DWR NR	A C	F I L E	A R E A	SB	WS	T Y P E	CN CD	OW	WTR USE	WL US	DATE ISSUED	T NR	IPUMP CAPAC	CHANGE D A T	O W N	STATUS L O G	C R T	P Q NR	I P Q STATUS
NAME					F M I I	% NAME					STREET					CITY		ST	ZIP					
WELL DPTH	CS DI	DPTH CASE	F N	RPUMP CAPAC	LEVL CASE	DATE COMPLETE	ACRES IRRIG	YIELD	M D	L T	P T	DRAW DOWN	PLACE OF USE 1					PLACE OF USE 2						

20 A 040 030 05 B D A WR 507289 1 C 03 06 D 07 P D W 02/23/984 355 10 X X
SMITH R 507122-DRY BOX 1117-C BCS U PHOENIX AZ 85029
300 5 300 B 9 240 02/10/984 9 7 S S 20 NE SE NW 05 040N 030E

21 A 040 030 05 B D B WR 520169 1 C 04 06 D 07 P D W 02/03/988 355 10 X X
GRISWOLD, RAY F 5345 W BEARDSLEY RD GLENDALE AZ 85308
560 8 560 B 15 260 02/12/988 100 1 S T 20 NW SE NW 05 040N 030E

A 040 030 05 B D B WR 529222 1 C 04 06 D 07 P D W 08/20/990 355 10 I I
COOPER, GENE / / 4408 W BLUEFIELD PHOENIX AZ 85027
NW SE NW 05 040N 030E

22 A 040 030 05 B D C WR 518393 1 C 04 06 D 07 P D W 07/08/987 412 10 X C
HEYBERGER, MICHAEL 18217 N 24TH DR PHOENIX AZ 85023
500 5 500 P 450 07/09/987

23 A 040 030 05 D C A WR 614014 1 R C 06 E 07 S F W 06/14/982 R R
AZ STATE LAND DEPT 1624 W ADAMS PHOENIX AZ 85007
300 8 300 P 2 220 / / 2 SE 05 040N 030E
Duplicate Reg with WPCO (1)

(2) A 040 030 05 D C C WR 500290 1 C 06 E 07 P D W 07/08/981 127 X X
UNIVERSAL PROPULSION 1800 W DEER VALLEY PHOENIX AZ 85027
500 6 500 P 15 230 07/05/981 15 0 T

24 A 040 030 05 D C C WR 614015 1 R C 06 E 07 S F W 06/14/982 R R
AZ STATE LAND DEPT 1624 W ADAMS PHOENIX AZ 85007
500 8 500 P 15 300 00/00/981 SE 05 040N 030E
Duplicate Reg with WPCO (2)

(1) A 040 030 05 D C D WR 602630 1 R C 06 E 07 N D W 02/12/982 R R
UNIVERSAL PROP CO BOX 1140 BLK CNYN #1 PHOENIX AZ 85029
315 10 315 P 12 240 08/10/978

A 040 030 06 A WR 639754 1 L C 07 E 07 P D W 06/15/982 R R
DONELSON & LETNER 1129 BLK CNYN STG PHOENIX AZ 85029
700 8 700 B 10 350 06/09/980 10

A 040 030 06 A A A WR 512933 1 C 04 06 D 07 P D W 11/29/985 289 10 X X
DONELSON, GARY R 1129 BLK CYN STAGE PHOENIX AZ 85029
470 4 470 P 7 168 12/10/985 7 4 S S 283 NE NE NE 06 040N 030E

	QUAD	TOWN	RNGE	SECT	QTR 1	QTR 2	QTR 3	REG NO	WELL DEPTH	DEPTH CASED	CD AISAEM	WL AE TV EE RL	YIELD (GPM)	DRILL DATE ISSUE DATE	DRL LIC NO.	WATER USE WELL USE	WT EY LP LE	WS AH TE RD	LOG	CRT	OWN
	A	4.0	3.0	04	B	D	B	55-638502	0600		06		00016			DJA	E	06	R	R	P
25	HOUSTADT PO BOX 178 WITTMANN AZ 85361				R	F		1.00						6/14/1982		W					
	A	4.0	3.0	08	B	C	B	55-519423	0660	0550	08	0180	00200	11/07/1987	355	D	D	07	X	X	P
26	MORGAN, CLARENCE 8314 N 58TH DR. GLENDALE AZ 85301							.00-						10/23/1987		W					
	A	4.0	3.0	08	B	C	C	55-639691	0600	0600	06	0197	00006	4/00/1979		D	E	07	R	R	P
27	KENNEY SR 1130 W FILLMORE PHOENIX AZ 85007				D	R		.00-						4/29/1982		W					
	A	4.0	3.0	09	A	D	A	55-529140					00000		269	T	X	07	I	N	N
	KROCHEL BROS INC PO BOX 42570 PHOENIX AZ 85080							.00-						5/14/1991		P					
	A	4.0	3.0	09	A	D	B	55-515825	0480	0480	08	0130	00010	12/09/1986	355	C	O	07	X	X	N
28	KNOCHEL BROS. INC. 18227 N 13TH AVE PHOENIX AZ 85023							.00-						10/16/1986		W					
	A	4.0	3.0	09	A	D	D	55-529135					00000		769	T	X	07	I	N	N
	KROCHEL BROS INC PO BOX 42570 PHOENIX AZ 85080							.00-						5/14/1991		P					
	A	4.0	3.0	09	A	D	D	55-529136					00000		269	T	X	07	I	N	N
	KROCHEL BROS INC PO BOX 42570 PHOENIX AZ 85080							.00-						5/14/1991		P					

QUAD	TOWN	RNGE	SECT	Q 1	T 2	R 3	REG NO	WELL DEPTH	DEPTH CASED	CD ASEM	WL AE TV EE RL	YIELD (GPM)	DRILL DATE ISSUE DATE	DRL LIC NO.	WATER USE WELL USE	WT EY LP LE	WS AH TE RD	LOG	CRT	OWN
A	4.0	3.0	09	D	A	C	55-529137					00000		269	T	X	07	I	N	N
KROCHEL BROS INC PO BOX 42570 PHOENIX AZ 85080							.00-						5/14/1991		P					
A	4.0	3.0	09	D	A	C	55-529138					00000		269	T	X	07	I	N	N
KROCHEL BROS INC PO BOX 42570 PHOENIX AZ 85080							.00-						5/14/1991		P					
A	4.0	3.0	09	D	A	C	55-529139					00000		269	T	X	07	I	N	N
KROCHEL BROS INC PO BOX 42570 PHOENIX AZ 85080							.00-						5/14/1991		P					

ARIZONA DEPARTMENT OF WATER RESOURCES WELL REPORT CODES
OPERATIONS DIVISION
****

QUAD: A = TOWNSHIP IS NORTH AND RANGE IS EAST B = TOWNSHIP IS NORTH AND RANGE IS WEST
C = TOWNSHIP IS SOUTH AND RANGE IS WEST D = TOWNSHIP IS SOUTH AND RANGE IS EAST

QTR 1 IS A QUARTER SECTION (160 ACRES)
QTR 2 IS A QUARTER OF A QUARTER SECTION (40 ACRES)
QTR 3 IS A QUARTER OF A QUARTER/QUARTER SECTION (10 ACRES)

QTR CODES: A = NE B = NW C = SW D = SE

REG NO = WELL REGISTRATION NUMBER
WELL DEPTH = THE DEPTH OF THE WELL IN FEET
DEPTH CASED = THE DEPTH OF THE WELL CASING IN FEET
CASE DIAM = THE DIAMETER OF THE CASING IN INCHES
WATER LEVEL = DISTANCE IN FEET FROM THE SURFACE TO WATER
YIELD = WATER OUTPUT IN GALLONS PER MINUTE
DATE DRILLED= DATE WELL WAS DRILLED
DRL LIC NO. = THE DRILLERS DWR LICENSE NUMBER

WATER USE CODES:

A=IRRIG	B=UTILITY	C=COMMERICAL	D=DOMESTIC	E=MUNIC	F=INDUSTR	G=RECREAT	H=SUBDIVIS
I=MINE	J=STOCK	K=OTHER	L=DRAINAGE	M=MONITOR	N=NONE	O= OTHERS(NON-PRODUCTION)	
R=RECHARGE	T=TEST						

LAND OWNER: C = COUNTY F = FEDERAL M = CITY N = CORP P = PRIVATE S = STATE W = WATER DIST

WATERSHED CODES:

01 = VIRGIN	02 = COLORADO	03 = LITTLE COLORADO	04 = BILL WILLIAMS	05 = VERDE RIVER
06 = AGUA FRIA	07 = SALT RIVER	L8 = LOWER GILA	U8 = UPPER GILA	09 = SANTA CRUZ
10 = SAN SIMON	11 = SAN PEDRO	12 = WILLCOX PLAYA	13 = WHITE WATER DRAW	14 = RIO YAQUI

LOG = LOG OF WELL CRT = COMPLETION REPORT (PUMP, ETC.)

LOG AND CRT CODES:
R = WELL REGISTRATION (NO LOG OR COMPLETION REPORT IN FILE)
X = LOG OR CRT IS IN FILE
I = LOG OR CRT NOT IN FILE YET
N = LOG OR CRT NOT REQUIRED
C = LOG OR CRT CONSIDERED COMPLETE

WELL USE:

A = ANODE	B = GROUNDING	C = CAPPED	D = DRAINAGE	G = GEOTECHNICAL
H = HEAT RESER.	M = MINERAL EXPLO	N = CATHODIC	O = OBSERVATION	P = PIEZOMETER
Q = MONITOR	R = RECHARGE	S = SEISMIC	T = TEST	U = ABANDONED
W = WATER PROD.	X = WATER DISP.	Z = DESTROYED		

WELL-TYPE:

D = DOMESTIC	E = EXEMPT	N = NON-EXEMPT	N = NON-DOMESTIC
P = GROUND WITHDRAWAL PERMIT	Q = NEW/REPLAC PERMIT'	S = SERV PERMIT	T = NON-SERV PERMIT
X = MONITOR/PIEXOMETER	Z = EXPLORATION		

SEPTIC SYSTEMS

SYSTEM NO.	BUILDING	SEPTIC TANK SIZE (GALLONS)	LEACH FIELD AREA/VOL (Ft^2/Ft^3)	LATITUDE[1] (Deg, Min, Sec)	LONGITUDE[1] (Deg, Min, Sec)
A-1	Administration	2000	2500/12500	33,42,44	112,04,24
A-2	Operations 1	3200	3000/15000	33,42,44	112,04,19
A-3	Operations 2	1000	2500/12500	33,42,45	112,04,17
B-1	Assy X-Ray Waste (Industrial APP AZ 102500)	500	1000/5000[2]	33,42,50	112,04,18
B-8	CAD Assy	750	500/2500[2]	33,42,49	112,04,20
B-10	Shipping/ Maintenance	1000	1500/7500[2]	33,42,49	112,04,22
B-12	Load	None	200/800[2]	33,42,49	112,04,22
B-15	System Assembly	2000	1800/9000	33,42,52	112,04,16
B-19	EED Assy	1000	2080/10400	33,42,47	112,04,16
C-2	Liner/ Weighout	1000	1500/7500[2]	33,42,52	112,04,05
C-11	QC Lab (Closed)	None	500/2000[2]	33,42,50	112,04,06

SEPTIC SYSTEMS (CONTINUED)

SYSTEM NO.	BUILDING	SEPTIC TANK SIZE (GALLONS)	LEACH FIELD AREA/VOL (Ft^2/Ft^3)	LATITUDE[1] (Deg, Min, Sec)	LONGITUDE[1] (Deg, Min, Sec)
D-1	Test	500	1000/5000[2]	33,43,00	112,03,54
F-6	Extruder Control	1000	1000/5000	33,42,57	112,04,07

NOTES:

1. Accuracy ±1 second
2. Estimated

UPCO WELLS			
Drinking Water	B-10 (near)	33, 42, 48	112, 04, 25
Unused Well	B-6 (near)	33, 42, 50	112, 04, 22
OTHER SITES AT UPCO			
Thermal Treatment Unit (T04)	D-6	33, 42, 56	112, 04, 05
OBOD	South of Propellant Plant 1	33, 42, 48	112, 04, 09
Waterbore	D-4 (near)	33, 42, 56	112, 04, 03

For EPA Regional Use Only

EPA

United States Environmental Protection Agency
Washington, DC 20460

Hazardous Waste Permit Application Part A

(Read the Instructions before starting)

For State Use Only

Date Received
Month Day Year

I. ID Number(s)

A. EPA ID Number: AZD980814479

B. Secondary ID Number (if applicable):

II. Name of Facility

UNIVERSAL PROPULSION CO., INC.

III. Facility Location (Physical address not P.O. Box or Route Number)

A. Street: 25401 NORTH CENTRAL AVENUE

Street (continued): (7th St. & HAPPY VALLEY Rd.)

City or Town: PHOENIX | State: AZ | ZIP Code: 85027-7837

County Code (if known):

County Name: MARICOPA

B. Land Type (enter code): S

C. Geographic Location: LATITUDE (degrees, minutes, & seconds): LONGITUDE (degrees, minutes, & seconds):

D. Facility Existence Date: Month Day Year

IV. Facility Mailing Address

Street or P.O. Box: 25401 NORTH CENTRAL AVENUE

City or Town: PHOENIX | State: AZ | ZIP Code: 85027-7837

V. Facility Contact (Person to be contacted regarding waste activities at facility)

Name (last): HUBER | (first): JOHN

Job Title: VP ADMINISTRATION | Phone Number (area code and number): 602-869-8067

VI. Facility Contact Address (See Instructions)

A. Contact Address Location: X | Mailing: X

B. Street or P.O. Box: 25401 NORTH CENTRAL AVE.

City or Town: PHOENIX | State: AZ | ZIP Code: 85027-7837

State Land?

EPA I.D. Number (enter from page 1): A Z D 9 8 0 8 4 4 7 9

Continued from the top... (enter from page 1)

VII. Operator Information (see instructions)

Name of Operator: U N I V E R S A L P R O P U L S I O N C O . I N C .

Street or P.O. Box: 2 5 4 0 1 N O R T H C E N T R A L A V E N U E

City or Town: P H O E N I X | State: A Z | ZIP Code: 8 5 0 2 7 - 7 8 3 7

Phone Number (area code and number): 6 0 2 - 8 6 9 - 8 0 6 7

B. Operator Type:

C. Change of Operator Indicator: X | Date Changed: Month / Day / Year

VIII. Facility Owner (see instructions)

A. Name of Facility's Legal Owner:

Street or P.O. Box:

City or Town: | State: | ZIP Code:

Phone Number (area code and number): - -

B. Owner Type:

C. Change of Owner Indicator: | Date Changed: Month / Day / Year

IX. SIC Codes (4-digit, in order of significance)

Primary		Secondary	
	(description)		(description)
Secondary		Secondary	
	(description)		(description)

X. Other Environmental Permits (see instructions)

A. Permit Type (enter code)	B. Permit Number	C. Description
E	O A Q P U J T H 8 5 8 8	Open Burning Permit (ADEQ)
E	A 8 6 0 2 4 6 4	Maricopa County Painting, Solvent Storage & Handling, and Degreasing Permit
E	7 8 0 0 4	OAQ Installation Permit for Thermal Treatment Unit

EPA I.D. Number (enter from page 1) | Second EPA I.D. Number (enter from page 1)

A Z D 9 8 0 8 1 4 7 9

XI. Nature of Business (provide a brief description)

No change.

XII. Process - Codes and Design Capacities

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Twelve lines are provided for entering codes. If more lines are needed, attach a separate sheet of paper with the additional information. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided in Item XIII.

B. PROCESS DESIGN CAPACITY - For each code entered in column A, enter the capacity of the process.

1. AMOUNT - Enter the amount. In a case where design capacity is not applicable (such as in a closure/post-closure or enforcement action) enter the total amount of waste for that process unit.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

C. PROCESS TOTAL NUMBER OF UNITS - Enter the total number of units used with the corresponding process code.

PROCESS CODE	PROCESS	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
	DISPOSAL:	
D79	INJECTION WELL	GALLONS; LITERS; GALLONS PER DAY; OR LITERS PER DAY
D80	LANDFILL	ACRE-FEET OR HECTARE-METER
D81	LAND APPLICATION	ACRES OR HECTARES
D82	OCEAN DISPOSAL	GALLONS PER DAY OR LITERS PER DAY
D83	SURFACE IMPOUNDMENT	GALLONS OR LITERS
	STORAGE:	
S01	CONTAINER (barrel, drum, etc.)	GALLONS OR LITERS
S02	TANK	GALLONS OR LITERS
S03	WASTE PILE	CUBIC YARDS OR CUBIC METERS
S04	SURFACE IMPOUNDMENT	GALLONS OR LITERS
	TREATMENT:	
T01	TANK	GALLONS PER DAY OR LITERS PER DAY
T02	SURFACE IMPOUNDMENT	GALLONS PER DAY OR LITERS PER DAY
T03	INCINERATOR	SHORT TONS PER HOUR; METRIC TONS PER HOUR; GALLONS PER HOUR; LITERS PER HOUR; OR BTU'S PER HOUR
T04	OTHER TREATMENT (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundment or incinerators. Describe the processes in the space provided in Item XIII.)	GALLONS PER DAY; LITERS PER DAY; POUNDS PER HOUR; SHORT TONS PER HOUR; KILOGRAMS PER HOUR; METRIC TONS PER DAY; METRIC TONS PER HOUR; OR SHORT TONS PER DAY

UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G
GALLONS PER HOUR	E
GALLONS PER DAY	U
LITERS	L
LITERS PER HOUR	H
LITERS PER DAY	V
SHORT TONS PER HOUR	D
METRIC TONS PER HOUR	W
SHORT TONS PER DAY	N
METRIC TONS PER DAY	S
POUNDS PER HOUR	J
KILOGRAMS PER HOUR	R
CUBIC YARDS	Y
CUBIC METERS	C
ACRES	B
ACRE-FEET	A
HECTARES	Q
HECTARE-METER	F
BTU's PER HOUR	K

EPA I.D. Number (enter from page 1): A Z D 9 8 0 8 1 4 4 7 9

Secondary ID Number (enter from page 1):

XII. Process - Codes and Design Capacities (continued)

EXAMPLE FOR COMPLETING ITEM XII (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

Line Number	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY 1. AMOUNT (specify)	B. PROCESS DESIGN CAPACITY 2. UNIT OF MEASURE (enter code)	C. PROCESS TOTAL NUMBER OF UNITS	FOR OFFICIAL USE ONLY
X 1	S 0 2	600	G	0 0 2	
X 2	T 0 3	20	E	0 0 1	
1	T 0 4	25' x 75' burn pad /w 10' apron (all concrete)		0 0 1	
2	T 0 4	Thermal Treatment Unit		0 0 1	
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

NOTE: If you need to list more than 12 process codes, attach an additional sheet(s) with the information in the same format as above. Number the lines sequentially, taking into account any lines that will be used for additional treatment processes in Item XIII.

XIII. Additional Treatment Processes (follow instructions from Item XII)

Line Number (enter numbers in sequence with Item XII)	A. PROCESS CODE	B. TREATMENT PROCESS DESIGN CAPACITY 1. AMOUNT (specify)	B. TREATMENT PROCESS DESIGN CAPACITY 2. UNIT OF MEASURE (enter code)	C. PROCESS TOTAL NUMBER OF UNITS	D. DESCRIPTION OF PROCESS
01	T 0 4	500	J	0 0 1	Burn pad- one propellant scrap burn per day at 300 lbs per burn (normal). Number of days per week is limited by climatic conditions (usually less than two per week).
02	T 0 4	540	J	0 0 1	Thermal Treatment Unit- scrap propellant burned at rate of 2 lbs/ 20 sec or 6 lbs/min. 540 lbs per daily burn maximum rate.
	T 0 4				
	T 0 4				

EPA I.D. Number (enter from page 1)																															
A	Z	D	9	8	0	8	1	4	4	7	9																				

XIV. Description of Hazardous Wastes

A. EPA HAZARDOUS WASTE NUMBER - Enter the four-digit number from list in 40 CFR, Part 261, Subpart D of each listed hazardous waste you will handle. For hazardous wastes which are not listed in 40 CFR, Part 261, Subpart D, enter the four-digit number(s) from 40 CFR, Part 261, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY - For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE - For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item XII A. on page 3 to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous waste: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item XII A. on page 3 to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

NOTE: THREE SPACES ARE PROVIDED FOR ENTERING PROCESS CODES. IF MORE ARE NEEDED:

1. Enter the first two as described above.
2. Enter "000" in the extreme right box of Item XIV-D(1).
3. Enter in the space provided on page 7, Item XIV-E, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form (D.(2)).

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER - Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "Included with above" and make no other entries on that line.
3. Repeat step 2 for each EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM XIV (shown in line numbers X-1, X-2, X-3, and X-4 below) - A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

Line Number	A. EPA HAZARD WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESS (1) PROCESS CODES (enter)									D. PROCESS (2) PROCESS DESCRIPTION (If a code is not entered in D(1))
X 1	K 0 5 4	900	P	T	0	3	D	8	0				
X 2	D 0 8 2	400	P	T	0	3	D	8	0				
X 3	D 0 0 1	100	P	T	0	3	D	8	0				
X 4	D 0 0 2												Included With Above

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved. OMB No. 2050-0034 Expires 12-31-91
GSA No. 0246-EPA-OT

EPA I.D. Number (enter from page 1)											Secondary ID Number (enter from page 1)														
A	Z	D	9	8	0	8	1	4	4	7	9														

XIV. Description of Hazardous Wastes (continued)

Line Number	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES (1) PROCESS CODES (enter)	D. PROCESSES (2) PROCESS DESCRIPTION (If a code is not entered in D(1))
1	D003	24,000	P	T04	Open burning or waste solid propellant & oxidizers.
2	D001				included in above
3	D005				included in above
4	D006				included in above
5	D007				included in above
6	D008				included in above
7	D003	50,000	P	T04	Thermal treatment by burning waste propellant & oxidizers
8	D001				included in above
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

GSA No. GS46-EPA-OT

EPA I.D. Number (enter from page 1)

A	Z	D	9	8	0	8	1	4	4	7	9

Secondary ID Number (enter from page 1)

XIV. Description of Hazardous Waste (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 6.

Line Number	Additional Process Codes (enter)

XV. Map

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures; each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in this map area. See instructions for precise requirements.

XVI. Facility Drawing

All existing facilities must include a scale drawing of the facility (see instructions for more detail).

attached.

XVII. Photographs

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

attached

XVIII. Certification(s)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Owner Signature	Date Signed
John J Huber	20 MAY 1992

Name and Official Title (type or print)

John F. Huber, VP Administration

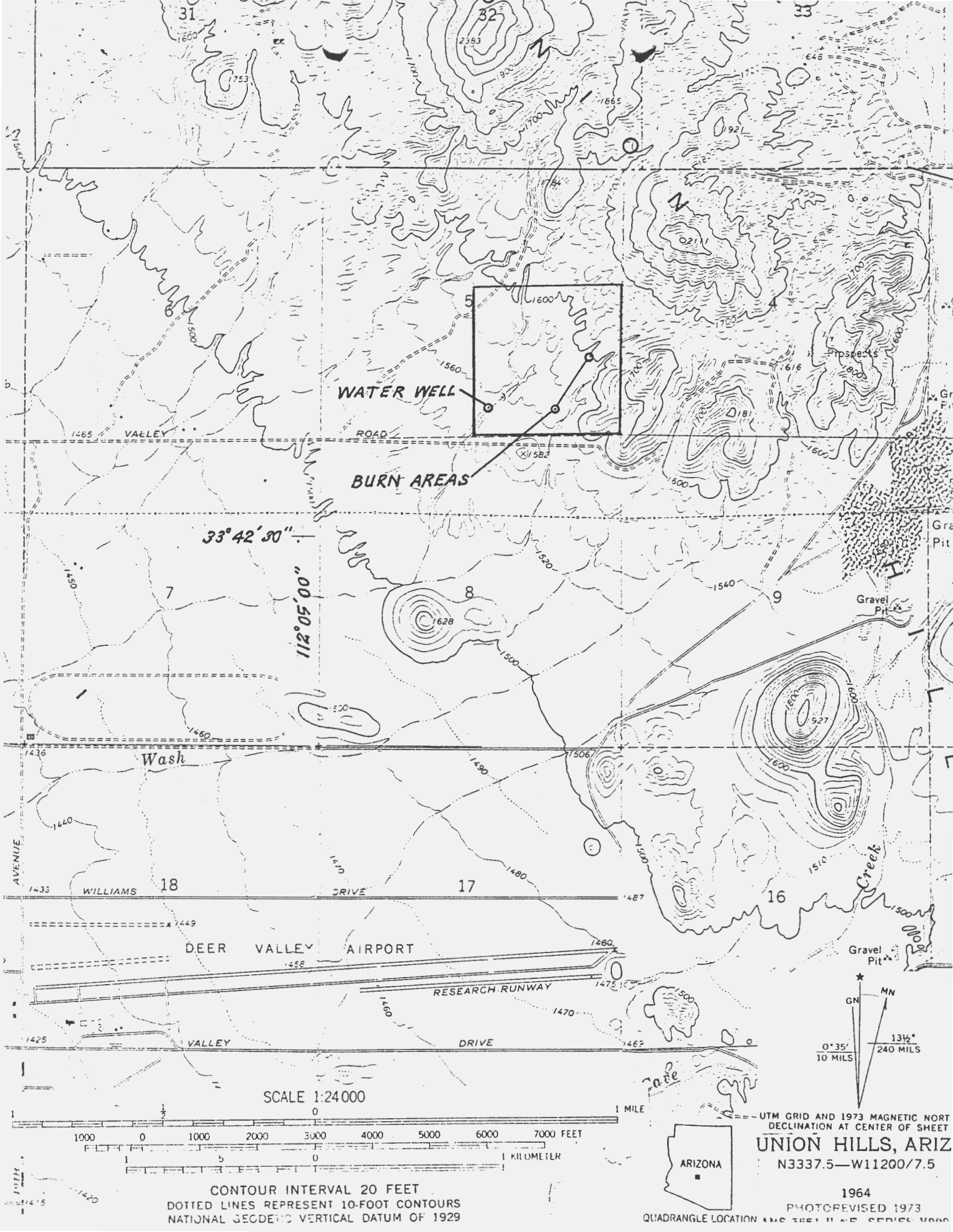
Operator Signature	Date Signed

Name and Official Title (type or print)

XIX. Comments

Addendum to EPA Hazardous Waste Permit Application, Part A submitted by UPCo with Part B application 8 Nov 1988.

Note: Mail completed form to the appropriate EPA Regional or State Office. (refer to instructions for more information)


WATER WELL
BURN AREAS
33°42'30"
112°05'00"
VALLEY ROAD
Wash
WILLIAMS DRIVE
DEER VALLEY AIRPORT
RESEARCH RUNWAY
VALLEY DRIVE
Prospects
Gravel Pit
Gravel Pit
Creek
AVENUE
SCALE 1:24000
1 MILE
1000 0 1000 2000 3000 4000 5000 6000 7000 FEET
1 KILOMETER
CONTOUR INTERVAL 20 FEET
DOTTED LINES REPRESENT 10-FOOT CONTOURS
NATIONAL GEODETIC VERTICAL DATUM OF 1929
GN
MN
0°35'
10 MILS
13½°
240 MILS
UTM GRID AND 1973 MAGNETIC NORTH
DECLINATION AT CENTER OF SHEET
ARIZONA
UNION HILLS, ARIZ
N3337.5—W11200/7.5
1964
PHOTOREVISED 1973
QUADRANGLE LOCATION

Please print or type in the unshaded areas only
(fill—in areas are spaced for elite-type, i.e., 12 characters/inch).

Form Approved OMB No. 158-S80004

FORM 3 RCRA

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

HAZARDOUS WASTE PERMIT APPLICATION

Consolidated Permits Program

(This information is required under Section 3005 of RCRA.)

I. EPA I.D. NUMBER

S												T/A	C
F	A	Z	D	9	8	0	8	1	4	4	7	9	1

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below *(mark one box only)* to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION *(place an "X" below and provide the appropriate date)*

[X] 1. EXISTING FACILITY *(See instructions for definition of "existing" facility. Complete item below.)*

[ ] 2. NEW FACILITY *(Complete item below.)*

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED *(use the boxes to the left)*

C	YR.	MO.	DAY
8	72	08	14

FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

YR.	MO.	DAY

B. REVISED APPLICATION *(place an "X" below and complete Item I above)*

[ ] 1. FACILITY HAS INTERIM STATUS

[ ] 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES — CODES AND DESIGN CAPACITIES

A. PROCESS CODE — Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process *(including its design capacity)* in the space provided on the form *(Item III-C)*.

B. PROCESS DESIGN CAPACITY — For each code entered in column A enter the capacity of the process.

1. AMOUNT — Enter the amount.
2. UNIT OF MEASURE — For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:		
CONTAINER *(barrel, drum, etc.)*	S01	GALLONS OR LITERS
TANK	S02	GALLONS OR LITERS
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS
Disposal:		
INJECTION WELL	D79	GALLONS OR LITERS
LANDFILL	D80	ACRE-FEET *(the volume that would cover one acre to a depth of one foot)* OR HECTARE-METER
LAND APPLICATION	D81	ACRES OR HECTARES
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Treatment:		
TANK	T01	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
OTHER *(Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)*	T04	GALLONS PER DAY OR LITERS PER DAY

UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G
LITERS	L
CUBIC YARDS	Y
CUBIC METERS	C
GALLONS PER DAY	U
LITERS PER DAY	V
TONS PER HOUR	D
METRIC TONS PER HOUR	W
GALLONS PER HOUR	E
LITERS PER HOUR	H
ACRE-FEET	A
HECTARE-METER	F
ACRES	B
HECTARES	Q

EXAMPLE FOR COMPLETING ITEM III *(shown in line numbers X-1 and X-2 below)*: A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

S		T/A	C
C	DUP		1

LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY 1. AMOUNT (specify)	B. PROCESS DESIGN CAPACITY 2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY
X-1	S 0 2	600	G	
X-2	T 0 3	20	E	
1	T 0 4	25'W x 75'L Concrete Burn Slab		
2				
3				
4				
5				
6				
7				
8				
9				
10				

Continued from the front.

III. PROCESSES *(continued)*

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES *(code "T04")*. FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

T04 Open burning of waste explosives:
2,000 pounds (approx. 140 gallons) per month, estimated maximum generated, of waste composite solid propellant and waste oxidizers.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. **EPA HAZARDOUS WASTE NUMBER** – Enter the four–digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four–digit number*(s)* from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. **ESTIMATED ANNUAL QUANTITY** – For each **listed waste** entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each **characteristic** or **toxic contaminant** entered in column A estimate the total annual quantity of all the non–listed waste*(s)* that will be handled which possess that characteristic or contaminant.

C. **UNIT OF MEASURE** – For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. **PROCESSES**

1. PROCESS CODES:
   For listed hazardous waste: For each **listed** hazardous waste entered in column A select the code*(s)* from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.
   For non–listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code*(s)* from the list of process codes contained in Item III to indicate **all** the processes that will be used to store, treat, and/or dispose of all the non–listed hazardous wastes that possess that characteristic or toxic contaminant.
   Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code*(s)*.

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER – Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV *(shown in line numbers X-1, X-2, X-3, and X-4 below)* – A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non–listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)	D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

Continued from page 2.
NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY											
W	A	Z	D	9	8	0	8	1	4	4	7	9	T/A	C	W	D	U	P	T/A	C	D	U	P	
														1						2				

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)	D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
1	D003	24,000 (Future Max)	P	T04	*Open burning of waste solid propellant (class B explosives) and waste oxidizers.
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					

(enter "A", "B", "C", etc. behind the "3" to identify photocopied pages)

Continued from the front.

IV. DESCRIPTION OF HAZARDOUS WASTES *(continued)*

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. *(enter from page 1)*

F	A	Z	D	9	8	0	8	1	4	4	7	9	T/A	6

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility *(see instructions for more detail).*

VI. PHOTOGRAPHS

All existing facilities must include photographs *(aerial or ground–level)* that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas *(see instructions for more detail).*

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE *(degrees, minutes, & seconds)*	LONGITUDE *(degrees, minutes, & seconds)*
33 43 00 8	112 04 09 7

VIII. FACILITY OWNER

[X] A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER	2. PHONE NO. *(area code & no.)*
E	

3. STREET OR P.O. BOX	4. CITY OR TOWN	5. ST.	6. ZIP CODE
F	G		

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME *(print or type)*	B. SIGNATURE	C. DATE SIGNED
H. G. Watson President & General Manager	H G Watson	13 Feb 1987

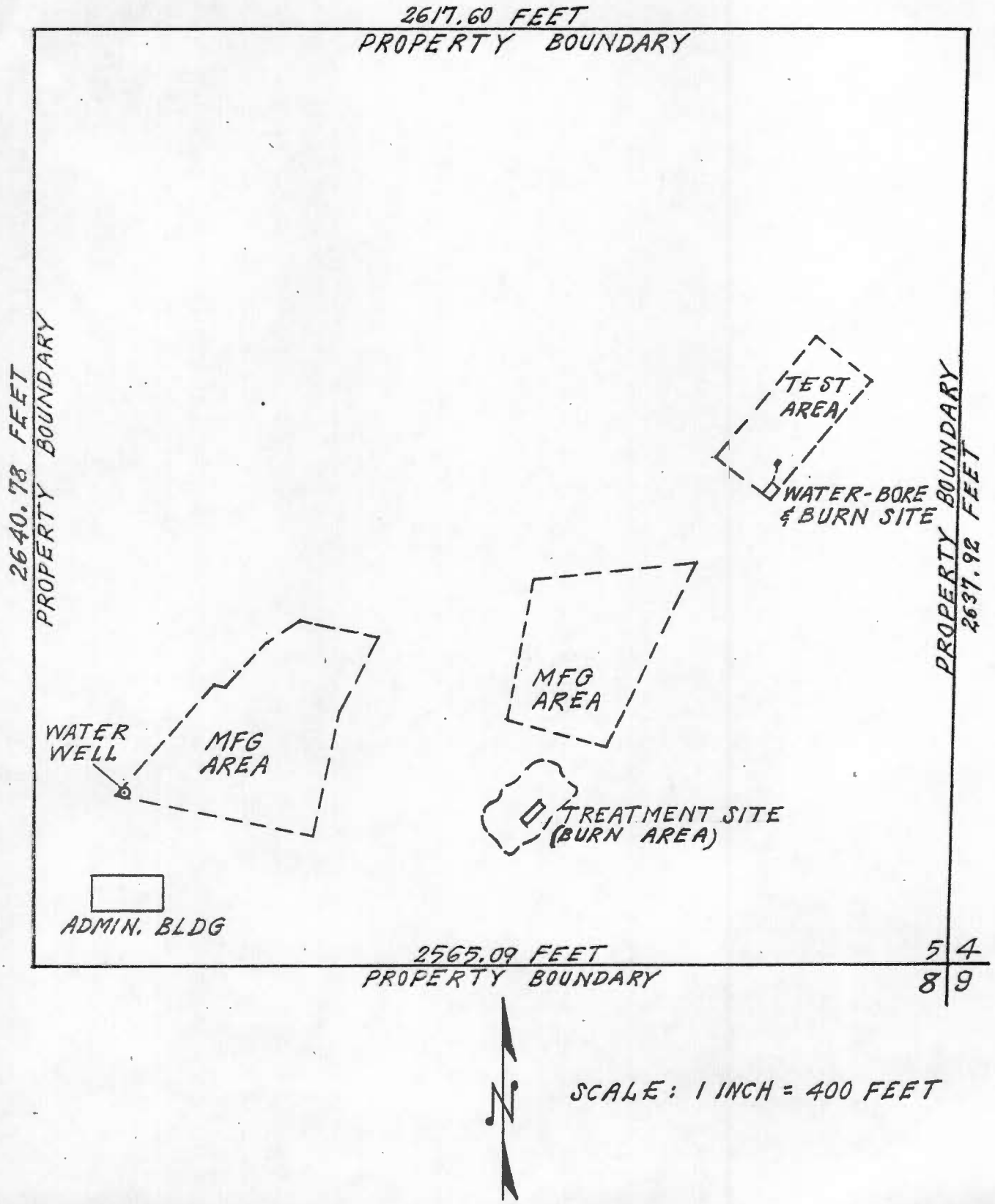
X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME *(print or type)*	B. SIGNATURE	C. DATE SIGNED

Form Approved OMB No. 158-S80004

V. FACILITY DRAWING *(see page 4)*



Please print or type with ELITE type *(12 characters/inch)* in the unshaded areas only.

Form Approved OMB No. 2000-0098
EPA No. 0246-EPA-OT Expiration Date 12/31/86

EPA — U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

III. LOCATION OF INSTALLATION

PLEASE PLACE LABEL IN THIS SPACE

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law *(Section 3010 of the Resource Conservation and Recovery Act)*.

DETACH

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER	APPROVED	DATE RECEIVED (yr., mo., & day)
F		

I. NAME OF INSTALLATION

UNIVERSAL PROPULSION COMPANY INC

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX: 3 BOX 1140 Black Canyon Stage 1

CITY OR TOWN	ST.	ZIP CODE
4 Phoenix	AZ	85029

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER: 5 25401 N Central Avenue

CITY OR TOWN	ST.	ZIP CODE
6 Phoenix	AZ	85029

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)	PHONE NO. (area code & no.)
2 HALLAS WILLIAM Facilities Dir.	602-869-8067

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER: 8 UNIVERSAL PROPULSION COMPANY INC

DETACH

B. TYPE OF OWNERSHIP (enter the appropriate letter into box): F = FEDERAL, M = NON-FEDERAL — M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY *(enter "X" in the appropriate box(es))*

- [X] A. GENERATION (100-1000 kg)
- [ ] B. TRANSPORTATION (complete item VII)
- [X] C. TREAT/STORE/DISPOSE
- [ ] D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION *(transporters only – enter "X" in the appropriate box(es))*

- [ ] A. AIR
- [ ] B. RAIL
- [ ] C. HIGHWAY
- [ ] D. WATER
- [ ] E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA I.D. Number in the space provided below.

- [ ] A. FIRST NOTIFICATION
- [X] B. SUBSEQUENT NOTIFICATION *(complete item C)*

C. INSTALLATION'S EPA I.D. NO.: AZD980814479

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

CONTINUE ON REVERSE

I.D. – FOR OFFICIAL USE ONLY

W

IX. DESCRIPTION OF HAZARDOUS WASTES *(continued from front)*

A. HAZARDOUS WASTES FROM NON–SPECIFIC SOURCES. Enter the four–digit number from 40 CFR Part 261.31 for each listed hazardous waste from non–specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
F001	F003	F005			
7	**8**	**9**	**10**	**11**	**12**

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four–digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	**20**	**21**	**22**	**23**	**24**
25	**26**	**27**	**28**	**29**	**30**

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four–digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	**38**	**39**	**40**	**41**	**42**
43	**44**	**45**	**46**	**47**	**48**

D. LISTED INFECTIOUS WASTES. Enter the four–digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. CHARACTERISTICS OF NON–LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non–listed hazardous wastes your installation handles. *(See 40 CFR Parts 261.21 – 261.24.)*

☐ 1. IGNITABLE (D001)	☐ 2. CORROSIVE (D002)	☒ 3. REACTIVE (D003)	☒ 4. TOXIC (D004)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE	NAME & OFFICIAL TITLE *(type or print)*	DATE SIGNED
H. G. Watson	H. G. Watson President & General Manager	13 February 87

DETACH

DETACH

Please print or type in the unshaded areas only
(fill–in areas are spaced for elite type, i.e., 12 chara[illegible]s/inch).

Form Approved OMB No. 158-R0175

FORM 1 GENERAL

EPA

U.S. [illegible]VIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER

F AZD980814479 D

LABEL ITEMS

I. EPA I.D. NUMBER

III. FACILITY NAME

V. FACILITY MAILING ADDRESS

VI. FACILITY LOCATION

PLEASE PLACE LABEL IN THIS SPACE

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill–in area below. Also, if any of the preprinted data is absent *(the area to the left of the label space lists the information that should appear)*, please provide it in the proper fill–in area*(s)* below. If the label is complete and correct, you need not complete Items I, III, V, and VI *(except VI-B which must be completed regardless)*. Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold–faced terms.

SPECIFIC QUESTIONS	YES	NO	FORM ATTACHED	SPECIFIC QUESTIONS	YES	NO	FORM ATTACHED
A. Is this facility a **publicly owned treatment works** which results in a **discharge** to **waters of the U.S.**? (FORM 2A)		X		B. Does or will this facility *(either existing or proposed)* include a **concentrated animal feeding operation** or **aquatic animal production facility** which results in a **discharge** to **waters of the U.S.**? (FORM 2B)		X	
C. Is this a facility which currently results in **discharges** to **waters of the U.S.** other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility *(other than those described in A or B above)* which will result in a **discharge** to **waters of the U.S.**? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of **hazardous wastes**? (FORM 3)	X			F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed **stationary source** which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an **attainment area**? (FORM 5)		X		J. Is this facility a proposed **stationary source** which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an **attainment area**? (FORM 5)		X	

III. NAME OF FACILITY

1 SKIP UNIVERSAL PROPULSION COMPANY, INC.

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)	B. PHONE (area code & no.)
2 HALLAS, WILLIAM FACILITIES DIR	602 869 8067

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX

3 Box 1140 BLACK CANYON STAGE 1

B. CITY OR TOWN	C. STATE	D. ZIP CODE
4 PHOENIX	AZ	85029

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

5 25401 N. CENTRAL AVE.

B. COUNTY NAME

MARICOPA

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
6 PHOENIX	AZ	85029	

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

A. FIRST	B. SECOND
3728 (specify) Military Aircraft Ejection Seats	2892 (specify) Solid Propellant (Explosives)

C. THIRD	D. FOURTH
(specify)	(specify)

VIII. OPERATOR INFORMATION

A. NAME: UNIVERSAL PROPULSION COMPANY, INC.

B. Is the name listed in Item VIII-A also the owner? [X] YES [ ] NO

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)
F = FEDERAL; S = STATE; P = PRIVATE; M = PUBLIC (other than federal or state); O = OTHER (specify)

O (specify) Private Bldgs on leased state land

D. PHONE (area code & no.): A 602 869 8067

E. STREET OR P.O. BOX: Box 1140 Black Canyon Stage 1

F. CITY OR TOWN: Phoenix

G. STATE: AZ

H. ZIP CODE: 85029

IX. INDIAN LAND

Is the facility located on Indian lands? [ ] YES [X] NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water): 9 N	D. PSD (Air Emissions from Proposed Sources): 9 P	
B. UIC (Underground Injection of Fluids): 9 U	E. OTHER (specify): 9 AB87012	(specify) Maricopa County Health Dept. Burning Permit
C. RCRA (Hazardous Wastes): 9 R	E. OTHER (specify): 9	(specify) Arizona State Solid Waste Facility Permit

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property bounderies. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

Design, develop & manufacture military aircraft ejection seats and related components for emergency escape and survival, including the required explosives.

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
H. G. Watson President & General Manager	H. G. Watson	13 Feb 1987

COMMENTS FOR OFFICIAL USE ONLY

C

HPCO PHOTOGRAPHS

1. [illegible] Pad
2. Scrap Magazine
3. Scrap Magazine
4. Thermal Treatment Unit
5. Assembly Storage
6. Propellant Plant Storage


B 5
CAUTION
CAUTION
B5

#5

4 Sep 92

Assembly Area Storage

(Less than 90 days)

Looking North


C 12
NOTICE
NO
SMOKING

#6

4 Sep 92

Propellant Plant Storage
(Less than 90-days)

Looking East

4 Sep 92

Burn Pad

T04

(Looking South)

A1


3
820
SPILL
CONTROL

#2

4 Sep 92

Scrap Marker
(Less than 90-day Storage)

Location: E-1

4 Sep 92 #4

Thermal treatment Unit

T 04

(under Construction)

Looking East


3
20000 LBS
SS 1.3

03

4 Sep 92

Scrap storage magazine
(Less Than 90-days)

Location: E-1

OAQ:PU:JKB:NW: 227

ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY

FIFE SYMINGTON, GOVERNOR
EDWARD Z. FOX, DIRECTOR

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

July 15, 1992

NOTE:
AZ DEQ gave the
a wrong Address.
Returned on
17 Sep 92.
remailed 17 Sep 92.
Steve Miller

John F. Huber
Vice President, Administration
Universal Propulsion Company, Inc.
25401 North Central Avenue
Phoenix, AZ 85027-9801

Re: Installation Permit No. 78004
Thermal Treatment System

Permit Fee: $517.00

Dear Mr. Huber:

Enclosed is an Installation Permit for the referenced facility. In accordance with Arizona Revised Statutes §49-430, this permit should be readily available at all times on the operating premises.

Based on calculation of the time spent in technical review, public notifications and hearings, the fee is listed above. Your remittance should be received by **August 17, 1992** or your permit may be subject to revocation. **To ensure proper credit**, please make your check payable to the Arizona Department of Environmental Quality and remit with a copy of this letter in the enclosed envelope to:

Arizona Department of Environmental Quality
Accounts Receivable
P.O. Box 600
Phoenix, Arizona 85001-0600

ATTENTION; JANE THOMPSON

Please be aware that any changes in plans, specifications or field construction may affect your permit status. The Office of Air Quality must be notified of any proposed changes before you proceed with implementation of any such changes; they may require an amendment to this permit.

This Installation Permit does not allow you to operate your equipment; you will need an Operating Permit (A.A.C. R18-2-306). Accordingly, enclosed are instructions and an Application for Operating Permit.

If you have any questions, please do not hesitate to contact the Permits Unit, Office of Air Quality at (602) 207-2338.

Sincerely,

Nancy C. Wrona
Assistant Director
for Air Quality

NCW:sj
Enclosures

The Department of Environmental Quality is An Equal Opportunity Affirmative Action Employer.

Atch 2

ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY
OFFICE OF AIR QUALITY
P.O. Box 600 - Phoenix, AZ 85001-0600 - Phone: (602-207-2338

INSTALLATION PERMIT

(As required by Title 49, Chapter 3, Article 2, Section 49-426, Arizona Revised Statutes and Chapter 2, Article 3, Arizona Administrative Code)

1. PERMIT TO BE ISSUED TO (Business license name of organization that is to receive permit)

Universal Propulsion Company, Inc.

2. NAME (OR NAMES) OF OWNER OR PRINCIPALS DOING BUSINESS AS THE ABOVE ORGANIZATION

Universal Propulsion Company, Inc.

3. MAILING ADDRESS 25401 N. Central Avenue
NUMBER STREET

Phoenix AZ 85027-9801
CITY OR COMMUNITY STATE ZIP CODE

4. EQUIPMENT LOCATION ADDRESS 25401 N. Central Avenue
NUMBER STREET

Phoenix AZ 85027-9801
CITY OR COMMUNITY STATE ZIP CODE

5. FACILITIES OR EQUIPMENT DESCRIPTION Hazardous Waste Thermal Treatment System

6. THIS PERMIT ISSUED SUBJECT TO THE FOLLOWING conditions contained in Attachments A, B and C

7. ADEQ PERMIT NUMBER 78004 PERMIT CLASS

PERMIT ISSUED THIS 15th DAY OF July 1992

SIGNATURE Assistant Director
TITLE

The issuance of this permit shall in no way be construed as a warranty affirmation or indication that the equipment described herein will qualify for an operating permit. It is the sole responsibility of the applicant to comply with all applicable air pollution laws, regulations and standards.

ADEQ/OAQ/P100C (7-87)

ATTACHMENT "A"

General Provisions

Installation Permit No. 78004
For

UNIVERSAL PROPULSION COMPANY, INC.

I. Permit Expiration

This Installation Permit shall be canceled (1) if construction is not commenced (as defined in A.A.C. R18-2-101.23) within 18 months after the date of issuance of the permit, (2) if construction is discontinued for a period of 18 months or more, or (3) if construction is not completed within five years of the date of issuance of the permit.

II. Notification of Commencement of Construction and Startup

The Department shall be notified in writing of the anticipated date of initial start-up (as defined in A.A.C. R18-2-101.92) of each facility of the source not more than sixty (60) days nor less than thirty (30) days prior to such date and shall be notified in writing of the actual date of commencement of construction and start-up within fifteen (15) days after such date.

III. Facilities Operation

All equipment, facilities, and systems installed or used to achieve compliance with the terms and conditions of this Installation Permit shall at all times be maintained in good working order and be operated as efficiently as practicable so as to minimize air pollutant emissions.

IV. Malfunction

The Department shall be notified by telephone within 48 hours following any failure of air pollution control equipment, process equipment, or of a process to operate in a normal manner which results in an increase in emissions above any allowable emissions limit stated in Attachment "B" and "C" of these conditions. In addition, the Department shall be notified in writing within fifteen (15) working days of any such failure. This notification shall include a description of the malfunctioning equipment or abnormal operation, the date of the initial failure, the period of time over which emissions were increased due to the failure, the cause of the failure, the estimated resultant emissions in excess of those allowed under Attachment "B" and "C" of these conditions, and the methods utilized to restore normal operations. Compliance with this malfunction notification provision shall not excuse or otherwise constitute a defense to any violations of this permit, any statute, rule or regulations which such malfunction may cause except as provided in A.A.C. R18-2-309.

V. Right to Entry

The authorized representatives of the Department, upon the presentation of credentials, shall be permitted at reasonable times:

A. to enter upon the premises where the source is located or in which any records are required to be kept under the terms and conditions

of this Installation Permit; and

B. to have access to and copy any records required to be kept under the terms and conditions of this Installation Permit; and

C. to inspect any equipment, operation, or method required in this Installation Permit; and

D. to sample emissions from the source.

VI. Transfer of Ownership

This Installation Permit is non-transferable whether by operation of law or otherwise, either from one location to another, from one piece of equipment to another, or from one person to another. The applicant shall notify the succeeding owner and operator of the existence of this Installation Permit and its conditions and need to obtain a new permit from the Department by letter, a copy of which shall be forwarded to the Department.

VII. Severability

The provisions of this Installation Permit are severable, and, if any provision of this Installation Permit is held invalid, the remainder of this Installation Permit shall not be affected thereby.

VIII. Other Applicable Regulations

The owner and operator of the proposed project shall construct and operate the proposed stationary source in compliance with all other applicable provisions of A.A.C. Title 18, Chapter 2 and all other applicable Federal regulations.

IX. Representations in Application for Permit and Exemption.

All representations with regard to construction plans and operation procedures in the application for a Installation permit become conditions upon which a subsequent Installation Permits, Operating Permits are issued. Any variance from such representation if the change will cause a change in the method of control of emissions, the character of the emissions, or will result in an increase in the discharge of the various emissions, will be considered violation of this permit unless permittee first makes application to the Department in that regard and such amendment or new installation permit is approved by the Department.

X. Allowable Emissions

Permittee is authorized to discharge or cause to discharge into atmosphere emissions of air contaminants from only those facilities that are listed in the Attachment "C", unless otherwise such emissions are authorized under separate Installation or Operating Permit.

XI. Operation of the Equipment

This permit authorizes the temporary operation of the proposed facility for a period of ninety days following installation. All tests, analyses or gathering of information necessary to comply with the installation permit or to qualify for an operating permit shall be gathered during the ninety-day period. The permittee can request extension of the term of temporary operation for up to ninety additional days.

ATTACHMENT B

Special Conditions

Installation Permit No.78004 (Thermal Treatment Unit)

UNIVERSAL PROPULSION CO., INC.

I. Applicable Rules

UNIVERSAL PROPULSION COMPANY (Permittee) shall install this Thermal Treatment Unit (TTU) in compliance with all applicable provisions of AAC R18-2-504 and -804.

II. Emission Limits

A. On and after the date of startup of the TTU, Permittee shall not discharge or cause the discharge into the atmosphere from the exhaust stack the following pollutants in excess of the following specified limits:

Pollutant	**Average Emission Limit**
Particulate matter	0.08 gr/dscf @12% CO_2
Hydrogen chloride	20 lb/hr

Unless otherwise specified, the above emission limits shall be measured on a one-hour average (the average of three one-hour test runs).

B. On and after the date of startup, Permittee shall not cause to be discharged into the atmosphere from the exhaust stack any gases which exhibit greater than 20 percent opacity.

C. The total emissions of air contaminants from any of the sources shall not exceed the values stated on Attachment C, "Maximum Allowable Emission Rates".

III. Stack Sampling Facilities

For performance test purposes, sampling ports, platforms, and access shall be provided by Permittee in accordance with the Arizona Testing Manual for Air Pollutant Emissions.

IV. Performance Tests

A. Within 60 days after achieving the maximum operating rate of the TTU, but no later than 180 days after initial startup (as defined in A.A.C.R18-2-101.92), Permittee shall conduct or cause to be conducted performance tests (as required by R18-2-312) on the TTU for particulate matter and for hydrogen chloride. Permittee shall furnish the Department a written report of such tests within thirty (30) days. All performance tests shall be conducted based on a representative waste sample and at maximum operating capacity. Upon receipt of prior written approval from the Department, Permittee may conduct performance tests at less than the maximum operating capacity.

B. Performance tests for the emission of particulate matter shall be conducted and results reported in accordance with the test methods set forth in A.A.C. R18-2-804, using EPA Method 5; for the emission of hydrogen chloride, EPA Method 26.

C. A pre-test meeting shall be arranged with the Department at least fourteen (14) days prior to such test to allow time for the development of an approved performance test plant and to arrange for an observer to be present at the test. Permittee shall prepare and submit a written copy of the proposed test plan to the Department seven (7) days prior to pretest meeting. A written copy of the final test plan must be submitted to the Department prior to performance testing. Such prior approval will minimize the possibility of Department's rejection of test results for procedural deficiencies.

V. Type of Waste to be Burned

Permittee is permitted to burn propellant scraps consisting of mixtures of ammonium perchlorate, potassium perchlorate, aluminum powder, iron oxide powder, polybutadiene, polysulfide, plasticizers, and curatives, but only in such manner that the limits in Attachment C are not exceeded.

VI. Operating Conditions

A. The TTU may operate for a maximum of 6 hours a day, and no more than a total of 555 hours per year. Waste feed rate shall not exceed 90 lb/hr.

B. Permittee shall record the daily charging rates, type of waste, and period of each burn operation in a log book. The log book shall be available for inspection upon request by Department representatives.

ATTACHMENT C

Maximum Allowable Emission Rates

UPCO - Thermal Treatment Unit

Compound	lb/hr	ton/yr
Magnesium oxide	0.38	0.42
Carbon sufoxide	0.15	0.04
Carbon monoxide	11.8	3.26
Hydrogen sulfide	2.5	0.69
Hydrogen chloride	20.0	5.55
Alumina	2.3	0.64
Ferrous chloride	3.0	0.83
Potassium chloride	3.5	0.97

Please print or type with ELITE type (12 characters/inch) in the unshaded areas only.

Form Approved OMB No. 2000-0098
G[illegible]o. 0246-EPA-OT Expiration Date 12/31/86

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

I. INSTALLATION'S EPA I.D. NO.

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

III. LOCATION OF INSTALLATION

PLEASE PLACE LABEL IN THIS SPACE

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law *(Section 3010 of the Resource Conservation and Recovery Act)*.

DETACH

FOR OFFICIAL USE ONLY

COMMENTS: C

E	INSTALLATION'S EPA I.D. NUMBER	APPROVED	DATE RECEIVED (yr., mo., & day)
	T/A/C 1		

I. NAME OF INSTALLATION

UNIVERSAL PROPULSION COMPANY INC

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX: 3 BOX 1140 Black Canyon Stage 1

CITY OR TOWN: 4 Phoenix — ST.: AZ — ZIP CODE: 85029

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER: 5 25401 N Central Avenue

CITY OR TOWN: 6 Phoenix — ST.: AZ — ZIP CODE: 85029

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title): 2 HALLAS WILLIAM Facilities Dir. — PHONE NO. (area code & no.): 602-869-8067

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER: 8 UNIVERSAL PROPULSION COMPANY INC

DETACH

B. TYPE OF OWNERSHIP (enter the appropriate letter into box): M

F = FEDERAL
M = NON-FEDERAL

VI. TYPE OF HAZARDOUS WASTE ACTIVITY *(enter "X" in the appropriate box(es))*

- [X] A. GENERATION (100-1000 kg)
- [ ] B. TRANSPORTATION (complete item VII)
- [X] C. TREAT[illegible]
- [ ] D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION *(transporters only – enter "X" in the appropriate box(es))*

- [ ] A. AIR
- [ ] B. RAIL
- [ ] C. HIGHWAY
- [ ] D. WATER
- [ ] E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

"X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA I.D. Number in the space provided below.

- [ ] A. FIRST NOTIFICATION
- [X] B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.: AZD980814479

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

Atch 1.

DE 3/10/87

I.D. — FOR OFFICIAL USE ONLY

W

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
F 0 0 1	F 0 0 3	F 0 0 5			
7	8	9	10	11	12

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 – 261.24.)

- ☐ 1. IGNITABLE (D001)
- ☐ 2. CORROSIVE (D002)
- ☒ 3. REACTIVE (D003)
- ☒ 4. TOXIC (D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

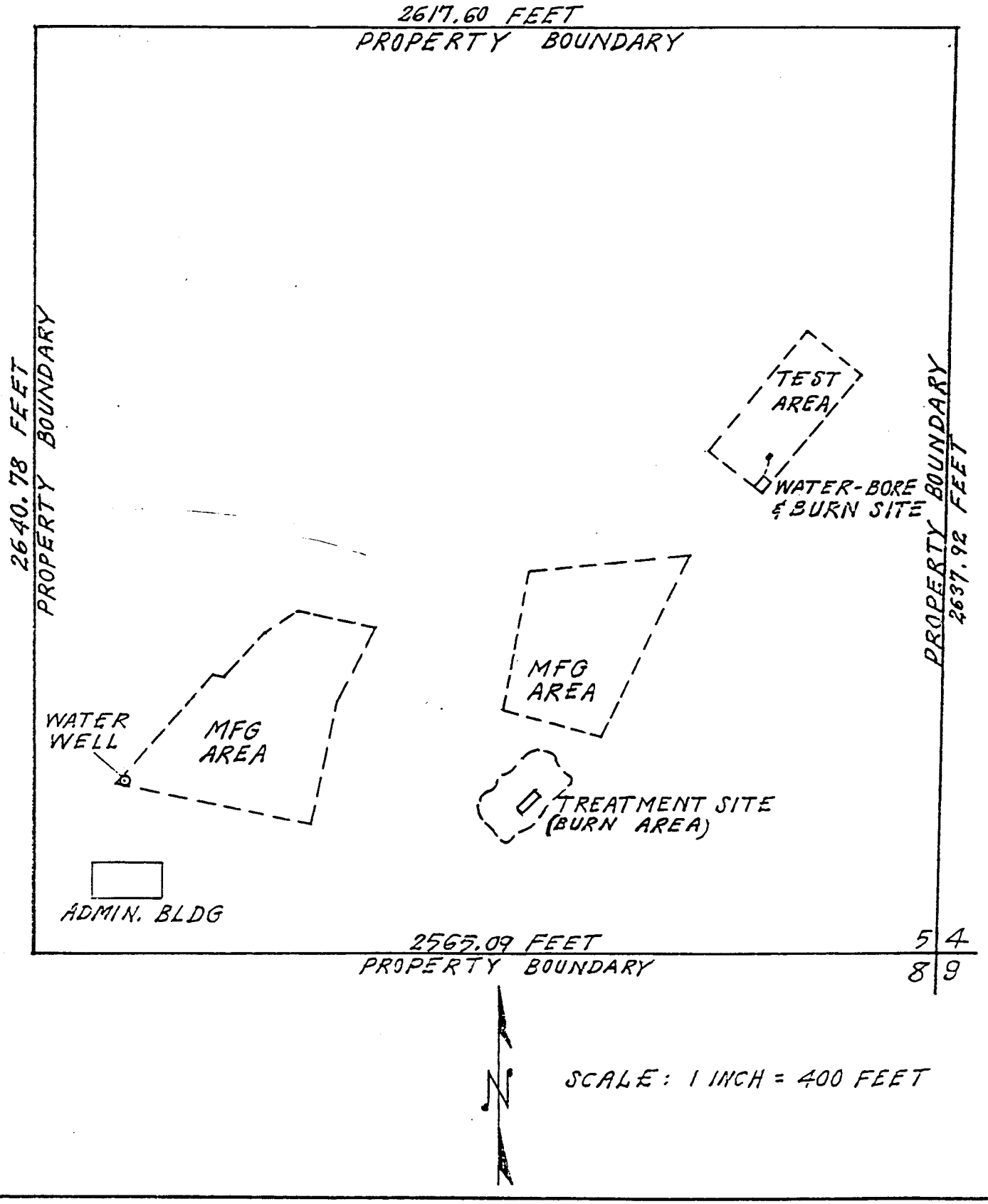
SIGNATURE	NAME & OFFICIAL TITLE (type or print)	DATE SIGNED
H. G. Watson	H. G. Watson President & General Manager	13 February 87

DETACH

DETACH

Form Approved OMB No. 158-S80004

V. FACILITY DRAWING *(see page 4)*



Please print or type in the unshaded areas only
(fill—in areas are spaced for elite type, i.e., 12 characters/inch).

Form Approved OMB No. 158-S80004

FORM 3 RCRA — EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

HAZARDOUS WASTE PERMIT APPLICATION

Consolidated Permits Program

(This information is required under Section 3005 of RCRA.)

I. EPA I.D. NUMBER

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
F	A	Z	D	9	8	0	8	1	4	4	7	9		

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below *(mark one box only)* to indicate whether this is the first application you are submitting for your facility or revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION *(place an "X" below and provide the appropriate date)*

[X] 1. EXISTING FACILITY *(See instructions for definition of "existing" facility. Complete item below.)*

[ ] 2. NEW FACILITY *(Complete item below.)*

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED *(use the boxes to the left)*

	YR.	MO.	DAY
8	72	08	14

FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

YR.	MO.	DAY

B. REVISED APPLICATION *(place an "X" below and complete Item I above)*

[ ] 1. FACILITY HAS INTERIM STATUS

[ ] 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES — CODES AND DESIGN CAPACITIES

A. PROCESS CODE — Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process *(including its design capacity)* in the space provided on the form *(Item III-C).*

B. PROCESS DESIGN CAPACITY — For each code entered in column A enter the capacity of the process.

1. AMOUNT — Enter the amount.
2. UNIT OF MEASURE — For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:		
CONTAINER *(barrel, drum, etc.)*	S01	GALLONS OR LITERS
TANK	S02	GALLONS OR LITERS
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS
Disposal:		
INJECTION WELL	D79	GALLONS OR LITERS
LANDFILL	D80	ACRE-FEET *(the volume that would cover one acre to a depth of one foot)* OR HECTARE-METER
LAND APPLICATION	D81	ACRES OR HECTARES
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS
Treatment:		
TANK	T01	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
OTHER *(Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)*	T04	GALLONS PER DAY OR LITERS PER DAY

UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G
LITERS	L
CUBIC YARDS	Y
CUBIC METERS	C
GALLONS PER DAY	U
LITERS PER DAY	V
TONS PER HOUR	D
METRIC TONS PER HOUR	W
GALLONS PER HOUR	E
LITERS PER HOUR	H
ACRE-FEET	A
HECTARE-METER	F
ACRES	B
HECTARES	Q

EXAMPLE FOR COMPLETING ITEM III *(shown in line numbers X-1 and X-2 below):* A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
C	D	U	P										1	

LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY 1. AMOUNT (specify)	B. PROCESS DESIGN CAPACITY 2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY 1. AMOUNT	B. PROCESS DESIGN CAPACITY 2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY
X-1	S02	600	G		5				
X-2	T03	20	E		6				
1	T04	25'W x 75'L Concrete Burn Slab			7				
2					8				
3					9				
4					10				

Continued from the front.

II. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

T04 Open burning of waste explosives:
2,000 pounds (approx. 140 gallons) per month, estimated maximum generated, of waste composite solid propellant and waste oxidizers.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. **EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number*(s)* from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. **ESTIMATED ANNUAL QUANTITY** — For each **listed waste** entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each **characteristic** or **toxic contaminant** entered in column A estimate the total annual quantity of all the non-listed waste*(s)* that will be handled which possess that characteristic or contaminant.

C. **UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:
   For listed hazardous waste: For each **listed** hazardous waste entered in column A select the code*(s)* from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.
   For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code*(s)* from the list of process codes contained in Item III to indicate **all** the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.
   Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code*(s)*.

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: **HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER** — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV *(shown in line numbers X-1, X-2, X-3, and X-4 below)* — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)	D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

Continued from page 2.

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

I. EPA I.D. NUMBER (enter from page 1)														FOR OFFICIAL USE ONLY													
W	A	Z	D	9	8	0	8	1	4	4	7	9	T/A	C	W	D	U	P	T/A	2	D	U	P				
														1													

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

W A S T E	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)	D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
1	D003	24,000 (Future Max)	P	T04	*Open burning of waste solid propellant (class B explosives) and waste oxidizers.
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					

Continued from the front.

IV. DESCRIPTION OF HAZARDOUS WASTE (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)

F	A	Z	D	9	8	0	8	1	4	4	7	9	6

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility *(see instructions for more detail).*

VI. PHOTOGRAPHS

All existing facilities must include photographs *(aerial or ground—level)* that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas *(see instructions for more detail).*

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)						LONGITUDE (degrees, minutes, & seconds)					
3	3	4	3	0	8	1	1	2	0	4	0	9	7

VIII. FACILITY OWNER

[X] A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER	2. PHONE NO. (area code & no.)
E	

3. STREET OR P.O. BOX	4. CITY OR TOWN	5. ST.	6. ZIP CODE
F	G		

IX. OWNER CERTIFICATION

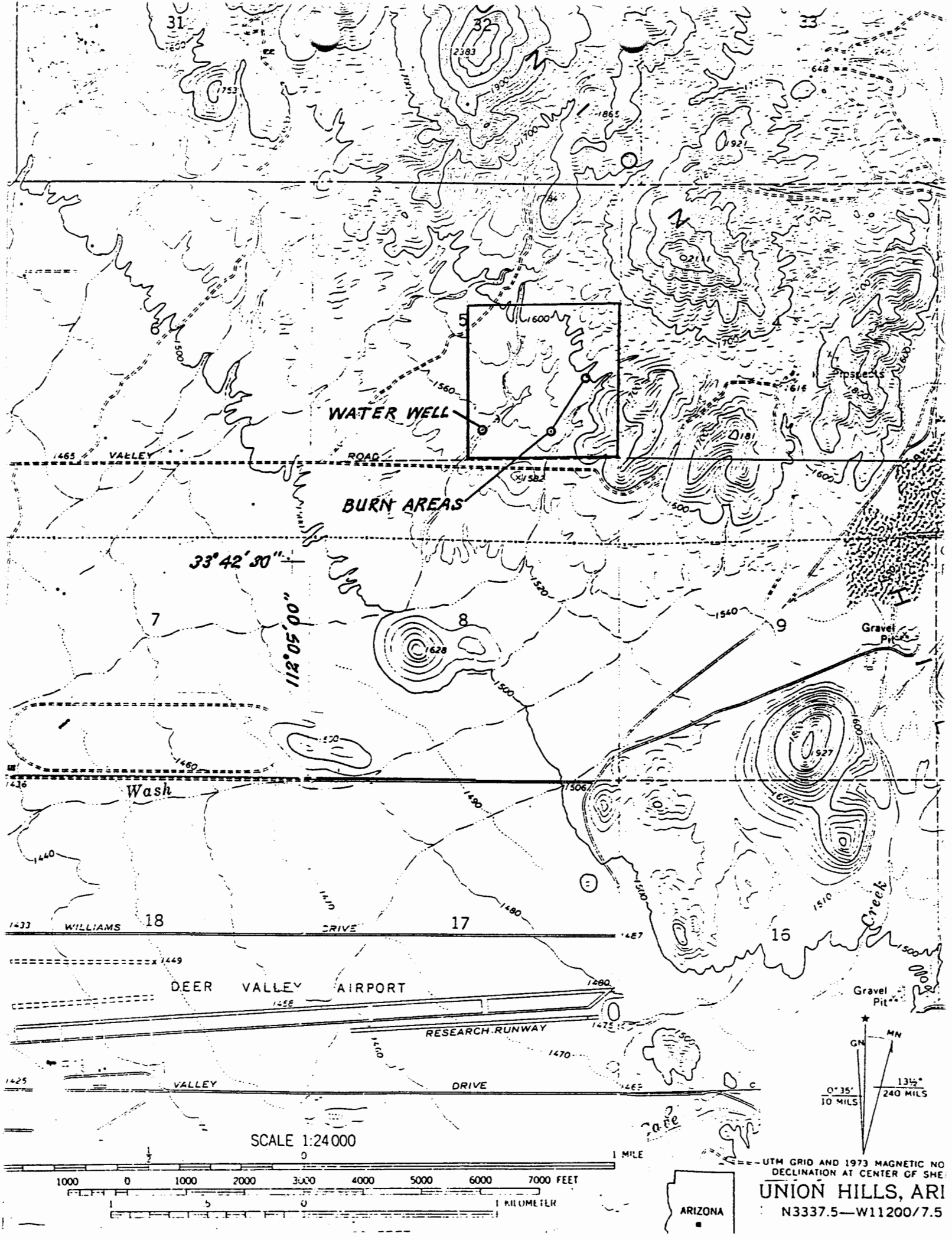
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
H. G. Watson President & General Manager	H. G. Watson	13 Feb 1987

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED


WATER WELL
BURN AREAS
33°42'30"
112°05'00"
VALLEY ROAD
WILLIAMS DRIVE
DEER VALLEY AIRPORT
RESEARCH RUNWAY
VALLEY DRIVE
Wash
Gravel Pit
Gravel Pit
Creek
SCALE 1:24000
1 MILE
1000 0 1000 2000 3000 4000 5000 6000 7000 FEET
1 KILOMETER
GN
MN
0°35'
10 MILS
13½°
240 MILS
ARIZONA
UTM GRID AND 1973 MAGNETIC NO
DECLINATION AT CENTER OF SHE
UNION HILLS, ARI
N3337.5—W11200/7.5

Please print or type in the unshaded areas only
(fill-in areas are spaced for elite type, i.e., 12 characters/inch).

Form Approved OMB No. 158-R0175

FORM 1 GENERAL

U.S. ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER

F A Z D 9 8 0 8 1 4 4 7 9

LABEL ITEMS

I. EPA I.D. NUMBER

III. FACILITY NAME

V. FACILITY MAILING ADDRESS

VI. FACILITY LOCATION

PLEASE PLACE LABEL IN THIS SPACE

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent *(the area to the left of the label space lists the information that should appear)*, please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI *(except VI-B which must be completed regardless)*. Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X' YES	NO	FORM ATTACHED	SPECIFIC QUESTIONS	MARK 'X' YES	NO	FORM ATTACHED
A. Is this facility a **publicly owned treatment works** which results in a **discharge** to **waters of the U.S.**? (FORM 2A)		X		B. Does or will this facility *(either existing or proposed)* include a **concentrated animal feeding operation** or **aquatic animal production facility** which results in a **discharge** to **waters of the U.S.**? (FORM 2B)		X	
C. Is this a facility which currently results in **discharges** to **waters of the U.S.** other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility *(other than those described in A or B above)* which will result in a **discharge** to **waters of the U.S.**? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of **hazardous wastes**? (FORM 3)	X			F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed **stationary source** which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an **attainment area**? (FORM 5)		X		J. Is this facility a proposed **stationary source** which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an **attainment area**? (FORM 5)		X	

III. NAME OF FACILITY

1 SKIP: U N I V E R S A L P R O P U L S I O N C O M P A N Y , I N C .

IV. FACILITY CONTACT

A. NAME & TITLE *(last, first, & title)*	B. PHONE *(area code & no.)*
2 H A L L A S , W I L L I A M F A C I L I T I E S D I R	6 0 2 | 8 6 9 | 8 0 6 7

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX

3 B o x 1 1 4 0 B L A C K C A N Y O N S T A G E 1

B. CITY OR TOWN	C. STATE	D. ZIP CODE
4 P H O E N I X	A Z	8 5 0 2 9

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

5 3 4 0 1 N C E N T R A L A V E .

B. COUNTY NAME

M A R I C O P A

DE 3/10/93

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE *(if known)*
6 P H O E N I X	A Z	8 5 0 2 9	

NTINUED FROM THE FRONT

I. SIC CODES (4-digit, in order of priority)

A. FIRST	B. SECOND
3728 (specify) Military Aircraft Ejection Seats	C 7 2892 (specify) Solid Propellant (Explosives)
C. THIRD	**D. FOURTH**
(specify)	C 7 (specify)

II. OPERATOR INFORMATION

A. NAME

UNIVERSAL PROPULSION COMPANY, INC.

B. Is the name listed in Item VIII-A also the owner? XX YES ☐ NO

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)

F = FEDERAL
S = STATE
P = PRIVATE
M = PUBLIC (other than federal or state)
O = OTHER (specify)

O (specify) Private Bldgs on leased state land

D. PHONE (area code & no.) C A 602 869 8067

E. STREET OR P.O. BOX

ox 1140 Black Canyon Stage 1

F. CITY OR TOWN

Phoenix

G. STATE AZ

H. ZIP CODE 85029

IX. INDIAN LAND

Is the facility located on Indian lands? ☐ YES XX NO

EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water) N

D. PSD (Air Emissions from Proposed Sources) C 9 P

B. UIC (Underground Injection of Fluids) U

E. OTHER (specify) C 9 AB87012 (specify) Maricopa County Health Dept. Burning Permit

RCRA (Hazardous Wastes) R

E. OTHER (specify) C 9 (specify) Arizona State Solid Waste Facility Permit

X. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property bounderies. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XI. NATURE OF BUSINESS (provide a brief description)

Design, develop & manufacture military aircraft ejection seats and related components for emergency escape and survival, including the required explosives.

XII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
H. G. Watson President & General Manager	H.G. Watson	13 Feb 1987

COMMENTS FOR OFFICIAL USE ONLY

UNIVERSAL PROPULSION COMPANY, INC. | Talley Industries

20 May 1992
reply:ADEQ.jfh92-28

Arizona Department of Environmental Quality
Manager, Hazardous Waste Permits Unit
Office of Waste Programs
P.O.Box 600
Phoenix, AZ 85001-0600

Dear Sir:

Universal Propulsion Company, Inc., is currently operating a hazardous waste treatment unit (OBOD) under Interim status for the treatment of scrap solid propellants and oxidizers which exhibit the characteristics of D003 and D001, respectively. UPCO filed a RCRA Part B Application with your office on 8 Nov 1991.

During an inspection performed by the ADEQ Waste Inspection Unit on 8 Jan 1991 the operation of UPCO's burn pad per 40 CFR 265.382 was questioned. Specifically UPCO was asked to discuss alternative options which would bring the unit or method of disposal into compliance during Interim status.

After consultations with our ADEQ Compliance Officer, ADEQ Inspector, and ADEQ Office of Air Quality, an alternative was selected which we hope will handle most of our waste propellants and oxidizers. The device selected is a Thermal Treatment Unit (TTU) which we propose to operate under Subpart X, Miscellaneous Unit, rules the same as our current OBOD. We have submitted an application for an Installation Permit from ADEQ Office of Air Quality. The Draft Permit is in its final review phase and is expected to be issued by the first week of June 1992.

As part of the conditions of the Installation Permit UPCO will be required to perform extensive testing using actual hazardous waste propellants and oxidizers while determining stack emissions, feed rates, and other parameters required for future operations. UPCO is asking for a change to Interim status per 40 CRF 270.72 which would allow the treatment of hazardous wastes on-site in this Thermal Treatment Unit. For your reference, the conditions of the Installation Permit (Draft) are attached. The types of waste as well as amounts are specified for the testing phases.

We believe that our request for change meets the requirements of 40 CFR 72 (a)(3)(ii), as this effort is to comply with Federal, State and Local requirements. It is our understanding that further approval from the Director (in

Atch 3

addition to that of the Installation Permit), is required prior to UPCO's treatment of hazardous waste in this unit even during the test phases. We are, therefore, asking for this specific approval in writing. We are also attaching a revised Part A Permit Application as required by rule and a copy of the design layout for the TTU.

We are anticipating that an amendment to our Part B Permit Application will be required once the test phase is completed and the necessary operating permit application is submitted. We would appreciate your concurrence or comments in this area.

Since we are eager to complete construction of our unit and enter the test phase, we hope necessary approval will soon be forthcoming. Questions may be directed to me or Mr. Steve Miller at 869-8067.

Sincerely,

UNIVERSAL PROPULSION COMPANY, INC.

John J. Huber

John F. Huber
Vice President, Administration

3 Atchs: 1. Installation Permit No. 78004, Attachment B. (withdrawn)
2. Part A Permit Application, revised. (withdrawn)
3. Thermal Treatment Unit Layout (X-2011-054) (withdrawn)

Universal Propulsion Company, Inc. • a Talley Industries Company
25401 N. Central Ave. • Phoenix, AZ 85027-9801 • Telephone (602) 869-8067 • TELEX: 668-487 • FAX (602) 869-8176

UNIVERSAL PROPULSION COMPANY, INC. | Talley Industries

23 Jul 1992

Arizona Department of Environmental Quality
Office of Waste Programs
Manager, Hazardous Waste Permits Unit
P.O. Box 600
Phoenix, AZ 85001-0600

Reference: UPCO ltr ~~29 Jun~~ 26 May 1992 from J. Huber to ADEQ Office of Waste Programs, Permit Unit

Dear Sir:

The reference letter was a request for Director approval for Universal Propulsion Company, Inc. to use scrap propellants and oxidizers generated at our facility in the test phases of our Thermal Treatment Unit. This material is a hazardous waste because of its reactivity.

Universal Propulsion Company, Inc. has now received its Installation Permit, No. 78004, from ADEQ Office of Air Quality. Based on this permit we have now commenced construction of the unit and anticipate the unit will be ready for initial testing by 14 September 1992. Initial testing will require the use of the hazardous waste outlined above. I have attached a copy of the permit and our construction notification letter.

It is our interpretation of the rules, specifically, 40 CFR 270.72, that Director approval must be specifically obtained before we can test our unit with the scrap material it is designed to treat. We believe that the approval of the Installation Permit may not meet the intent or letter of the law regarding treating this waste during testing while operating in interim status which is our current status. If your office does not have authority in this matter advise us as to the proper section/unit. Please provide us with a ruling on this matter or the Director approval we are seeking as soon as possible.

The amendment to our Part B RCRA Permit Application for a Subpart X, miscellaneous unit, is being drafted for submission. The revised Part A was submitted in the reference. We anticipate that the Part B amendment will be forwarded very soon. If you have any questions please me at 869-8067.

Sincerely,

Stephen J. Miller
Manager, Safety & Environmental

encls(2): 1. Installation Permit, 78004 (withdrawn)
2. UPCO ltr 22 Jul 92, Notification of Construction

Atch 4

UNIVERSAL PROPULSION COMPANY, INC. | Talley Industries

22 Jul 1992

Arizona Department of Environmental Quality
Office of Air Quality
2005 North Central Avenue
Phoenix, AZ 85004

Attention: Mr. John Burchard

Reference: Installation Permit No. 78004
Thermal Treatment System

Dear Mr. Burchard:

Pursuant to the referenced permit issued to Universal Propulsion Company we are making official notification to the Arizona Department of Environmental Quality, Office of Air Quality, that construction on the thermal treatment unit is commencing immediately. As required by para II of the Attachment A to the permit a notification in writing is required when construction is commenced. We had previously placed some of the equipment in its expected location while we awaited the final Installation Permit and now effective as of the date of this letter we will begin a final construction phase.

If all goes according to construction planning UPCO should be ready to begin the start-up of our Thermal Treatment Unit by 14 September 1992. This start-up will be for the purposes of testing only. A test plan will be developed as specified in the permit. We will be in touch with your department on this matter.

If you have any questions please contact Mr. Steve Miller at 869-8067.

Sincerely,

UNIVERSAL PROPULSION COMPANY, INC.

John F. Huber
V.P. Administration

ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY

FIFE SYMINGTON, GOVERNOR
EDWARD Z. FOX, DIRECTOR

August 19, 1992
REF: HWP EX058

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Universal Propulsion Company, Inc.
Stephen J. Miller
Safety & Environmental Manager
25401 N. Central Ave.
Phoenix, AZ 85027-9801

RE: Review of Universal Propulsion Company's Hazardous Waste Permit Application, Part A, EPA ID# AZD980814479

Dear Mr. Miller:

Universal Propulsion Company submitted a Hazardous Waste Permit Application, Part A & B, for the 25401 N. Central Avenue Facility on November 8, 1988. The facility has been operating in interim status since that date. An amended Part A application was submitted on May 21, 1992 to add a Thermal Treatment Unit (TTU) as a process in which waste propellants and oxidizers would be disposed. ADEQ has sent comments on the construction and operation of the TTU through the August 18, 1992 letter. When ADEQ receives adequate responses to the August 18, 1992 letter regarding the TTU, and a complete Part A application, ADEQ will complete our evaluation and make a final determination on approval of the TTU. As stated UPCo. would submit an amended Part B application within 180 days of the director's approval.

The Arizona Department of Environmental Quality (ADEQ) has reviewed the Part A permit application and has found it incomplete. Attached to this letter are ADEQ's comments which specify the application deficiencies.

Unless specified otherwise in the comment, your response to our comments must be in the form of a revised permit application, and the revised application must address each of the deficiencies noted. Two copies of the revise application should be submitted to the ADEQ Hazardous Waste Permits Unit at P.O. Box 600, Phoenix AZ 85001-0600, and one copy should be submitted to EPA Region 9, 1235 Mission St., San Francisco, CA 94103 ATTN: Paula Bisson (H-2-2).

Please submit a response including a new Part A permit application. I am available to provide technical assistance and meet with your representatives at your request, in order to resolve issues and expedite the project. To arrange such a meeting, please contact me at (602) 207-4166.

Sincerely,

Daniel Williams

Daniel Williams
Hazardous Waste Permits Unit
Office of Waste Programs

cc: Chris Heppe, EPA, Region 9
Holly Wheeler-Benson, ADEQ Haz. Waste Comp. Sec.

ADEQ DEFICIENCY COMMENTS ON THE UP CO.
PART A PERMIT APPLICATION
SUBMITTED MAY 21, 1992

GENERAL COMMENTS:

The response to the deficiency comments below must be in the form of a revised Part A permit application.

SPECIFIC COMMENTS:

As stated above, ADEQ has the Part A submitted on November 8, 1988 and the amended Part A submitted on May 21, 1992. Neither of the submittals are complete. ADEQ request the Part A be completed with the comments below and the enclosed EPA guidance document for Part A applications.

1. Include the latitude and longitude in Section III C.

2. Include the facility existence date in Section III D.

3. Include owner name, address, and phone number in Section VIII.

4. Include the operator type in Section VII B.

5. Include the owner type and any change of ownership information in Section VIII B & C.

6. Include SIC codes for Industrial classification on Section IX.

7. Include in the description of the Air Pollution Installation Permit for TTU and that it is an ADEQ permit in Section X C.

8. Describe briefly the Nature of Business in Section XI.

9. In Sections XIII & XIV of your May 21, 1992 Part A application indicates that scrap propellant is to be burned at the burn pad and TTU. ADEQ's understanding was that once the TTU was approved and tested that all scrap propellant was to be burned in the TTU. Only ignitable waste that contained lead was to be burned at the burn pad. Please clarify the description of Section XIII D.

10. Include a map which meets the requirements of Section XV.

11. Include facility drawings which meet the requirements of Section XVI.

12. Include photographs that meet the requirements of Section XVII.

10 September 1992

Arizona Department of Environmental Quality
Hazardous Waste Permits Section
P.O. Box 600
Phoenix, AZ 85001-0600

Ref: ADEQ ltr 19 Aug 92, HWP EX058, Deficiencies of UPCO Part A
(Amended Submission to ADEQ 21 May 1992)

Dear Sir:

The attached Part A application contains the changes you requested in the ref. letter. This application is intended to cover the burning of hazardous waste (scrap solid propellant and oxidizer) in our Thermal Treatment Unit during interim status. This is a change in process in that, in addition to burning scrap propellant and oxidizer on the burn pad UPCO will also be burning some of the same material in the Thermal Treatment Unit during testing. We are seeking Director approval for a limited time to cover the period of our equipment and air emission (stack) testing phase under the ADEQ Air Installation Permit. We anticipate that Director approval for any operational phase including the period awaiting an Air Operating Permit after tests will need a separate request by us.

The quantity of scrap propellant and oxidizer treated during the test phase will not exceed that specified in the Air Installation Permit i.e., 540 lbs on any given test day. The equipment testing will verify the unit can safely burn the scrap up to the proposed maximum feed rate. Also several different combinations of scrap mixtures with oxidizer will have to be tested. We are hoping to have our testing phase completed during the period specified in our Air Installation Permit. We have contracted with a consultant to develop our Test Plan, gain approval from ADEQ Office of Air Quality for the plan, conduct actual stack sampling, and prepare the test results.

The areas of Sections XIII & XIV of the Part A Application were not changed from our 21 May 92 submission. Scrap propellant and oxidizer will be treated by burning at both the burn pad and in the Thermal Treatment Unit. The Thermal Treatment Unit, if it operates as we predict, will allow UPCO to significantly reduce the quantity of scrap required to be burned on the burn pad. We will still need to burn high density propellant and oxidizer and double base propellant (due to their lead content) on the burn pad. In addition, other

Atch 6

items such as cartridges, initiators, small explosive loaded metal devices, etc. and any small quantities of Class A explosives or explosive contaminated materials will be disposed of on the burn pad since they would be high particulate producers in the Thermal Treatment Unit.

To further clarify the information contained in Section XIV UPCO burns small explosive devices which may contain compounds of barium and chromium. Some metal containers are made with cadmium plating which may contaminate the ash residue on the pad. This is the reason for the additional waste numbers associated with the burn pad. Only propellants containing ammonium perchlorate and potassium perchlorate oxidizers as well as non-lead bearing double base propellants are anticipated to be burned in the Thermal Treatment Unit.

The estimated annual quantity of waste specified in Section XIV reflects the maximum for the burn pad currently allowed under our interim status which we will require for operation until such time the Thermal Treatment Unit is fully tested and operating permits are obtained. This allows us to continue normal operations while the Thermal Treatment Unit is not capable of burning propellants. Estimated quantity for the Thermal Treatment Unit is the maximum allowed under the Air Installation Permit.

A copy of the amended Part A will be sent to EPA Region 9 at the address you gave in the ref. I hope that the attached Part A will allow for timely Director approval for this efffort. Questions may be directed to me at 869-8067.

Sincerely,

Stephen J. Miller
Manager, Safety & Environmental

encl: UPCO RCRA Part A, amended 9 Sep 1992

cc: USEPA, Region IX, Ms. Bisson

Universal Propulsion Company, Inc. • a Talley Industries Company
25401 N. Central Ave. • Phoenix, AZ 85027-9801 • Telephone (602) 869-8067 • TELEX: 668-487 • FAX (602) 869-8176

UNIVERSAL PROPULSION COMPANY, INC. | Talley Industries

10 September 1992

Mr. Chris Kleppe
~~Ms. Paula Bisson~~ (H-2-2)
U.S. Environmental Protection Agency
Region IX
~~1235 Mission Street~~ 75 Hawthorne St.
San Francisco, CA 94105

Dear ~~Ms. Bisson~~ Mr. Kleppe:

The following information and revised EPA Hazardous Waste Permit Application, Part A, are submitted by Universal Propulsion Company, Inc. (UPCO) for a change in process while in interim status per 40 CFR 270.72. In order to bring your files up to date I am enclosing correspondence between UPCO and the Arizona Department of Environmental Quality (ADEQ) concerning our efforts to permit and construct a Thermal Treatment Unit under Subpart X, Miscellaneous Units, rules for the purpose of disposing of scrap propellants and oxidizers generated by UPCO.

Attachment 1 is a copy of our Part A dated 13 Feb 1987 and submitted as Section A of UPCO's Part B Permit Application on 8 Nov 1988. We have been operating as a hazardous waste treatment facility in interim status for several years. As the result of several hazardous waste compliance inspections we have investigated alternatives to our open burning of scrap propellants and oxidizers. As a means of reducing quantities burned on the burn pad we are pursuing the treatment of some of this waste in a thermal treatment device. We pursued and obtained an Air Installation Permit from ADEQ Office of Air Quality. This is at attachment 2.

Based on our interpretation of the rules cited above we sought Director approval to actually burn scrap propellant and oxidizer in the Thermal Treatment Unit during the test phase allowed in the Installation Permit. This request is at attachments 3 & 4 which included a revised Part A (20 May 92) as required by rule. The revised Part A as well as the original were found to be deficient by ADEQ Hazardous Waste Permits Section (attachment 5). Therefore, we corrected the cited deficiencies and have resubmitted to ADEQ another Part A (dated 10 Sep 92). A copy is attached (attachment 6) for your files as requested by ADEQ.

UPCO
Universal Propulsion Company, Inc. • a Talley Industries Company
25401 N. Central Ave. • Phoenix, AZ 85027-7837 • Telephone (602) 869-8067 • TELEX: 668-487 • FAX (602) 869-8176

The final attachment is a copy of the informational drawings of the Thermal Treatment Unit. Slight changes to these drawings are anticipated as we continue construction and testing. We will be modifying our Part B Permit Application as we seek operating permits for this additional process. Questions may be directed to me at (602) 869-8067.

Sincerely,

Stephen J. Miller
Manager, Safety & Environmental

Atchs: 1. UPCO Part A Permit Application, 13 Feb 87
2. ADEQ Air Installation Permit, 15 Jul 92 w/attchs
3. UPCO ltr to ADEQ, 20 May 92
4. UPCO ltr to ADEQ, 23 Jul 92
5. ADEQ ltr 19 Aug 92
6. UPCO Part A Application, 10 Sep 92 w/attchs
7. UPCO Drawing 2011.054, Thermal Treatment Unit

UPCO
Universal Propulsion Company, Inc. • a Talley Industries Company
25401 N. Central Ave. • Phoenix, AZ 85027-9801 • Telephone (602) 869-8067 • TELEX: 668-487 • FAX (602) 869-8176

UNIVERSAL PROPULSION COMPANY, INC. | Talley Industries

20 May 1992
reply:ADEQ.jfh92-28

Arizona Department of Environmental Quality
Manager, Hazardous Waste Permits Unit
Office of Waste Programs
P.O.Box 600
Phoenix, AZ 85001-0600

Dear Sir:

Universal Propulsion Company, Inc., is currently operating a hazardous waste treatment unit (OBOD) under Interim status for the treatment of scrap solid propellants and oxidizers which exhibit the characteristics of D003 and D001, respectively. UPCO filed a RCRA Part B Application with your office on 8 Nov 1991.

During an inspection performed by the ADEQ Waste Inspection Unit on 8 Jan 1991 the operation of UPCO's burn pad per 40 CFR 265.382 was questioned. Specifically UPCO was asked to discuss alternative options which would bring the unit or method of disposal into compliance during Interim status.

After consultations with our ADEQ Compliance Officer, ADEQ Inspector, and ADEQ Office of Air Quality, an alternative was selected which we hope will handle most of our waste propellants and oxidizers. The device selected is a Thermal Treatment Unit (TTU) which we propose to operate under Subpart X, Miscellaneous Unit, rules the same as our current OBOD. We have submitted an application for an Installation Permit from ADEQ Office of Air Quality. The Draft Permit is in its final review phase and is expected to be issued by the first week of June 1992.

As part of the conditions of the Installation Permit UPCO will be required to perform extensive testing using actual hazardous waste propellants and oxidizers while determining stack emissions, feed rates, and other parameters required for future operations. UPCO is asking for a change to Interim status per 40 CRF 270.72 which would allow the treatment of hazardous wastes on-site in this Thermal Treatment Unit. For your reference, the conditions of the Installation Permit (Draft) are attached. The types of waste as well as amounts are specified for the testing phases.

We believe that our request for change meets the requirements of 40 CFR 72 (a)(3)(ii), as this effort is to comply with Federal, State and Local requirements. It is our understanding that further approval from the Director (in

addition to that of the Installation Permit), is required prior to UPCO's treatment of hazardous waste in this unit even during the test phases. We are, therefore, asking for this specific approval in writing. We are also attaching a revised Part A Permit Application as required by rule and a copy of the design layout for the TTU.

We are anticipating that an amendment to our Part B Permit Application will be required once the test phase is completed and the necessary operating permit application is submitted. We would appreciate your concurrence or comments in this area.

Since we are eager to complete construction of our unit and enter the test phase, we hope necessary approval will soon be forthcoming. Questions may be directed to me or Mr. Steve Miller at 869-8067.

Sincerely,

UNIVERSAL PROPULSION COMPANY, INC.

John F. Huber
Vice President, Administration

3 Atchs: 1. Installation Permit No. 78004, Attachment B.
2. Part A Permit Application, revised.
3. Thermal Treatment Unit Layout (X-2011-054)

Universal Propulsion Company, Inc. • a Talley Industries Company
25401 N. Central Ave. • Phoenix, AZ 85027-9801 • Telephone (602) 869-8067 • TELEX: 668-487 • FAX (602) 869-8176

UNIVERSAL PROPULSION COMPANY, INC. | Talley Industries

19 February 1991

Mr. Richard Vaille, P.E./Program Manager
Office of Waste Programs
U.S. Environmental Protection Agency,
Region IX
Toxic & Waste Management Div. T-2-5
215 Fremont Street
San Francisco, California 94105

Dear Mr. Vaille:

Enclosed is a copy of a Certificate of Liability Insurance which demonstrates that Universal Propulsion Company, Inc. (EPA I.D. No. AZD980814479) has continuing insurance coverage as a hazardous waste facility. The original certificate was submitted to your office on 5 January 1989. The coverage meets the requirements of 40 C.F.R.265.147(a) and (b) for sudden and non-sudden accidental occurrences.

Universal Propulsion Company, Inc. is currently operating in interim status and submitted an RCRA Part B Permit Application on 7 November 1988. The enclosed certificate of liability insurance demonstrates a continued compliance with 40 C.F.R.264.147(j) and the Part B Permit Application requirements of 40 C.F.R. 270.14(b)(17). While Universal Propulsion Company, Inc.'s liability insurance covers both sudden and non-sudden accidental occurrences, Universal Propulsion Company, Inc. continues to maintain that it is not required to demonstrate financial responsibility for non-sudden occurrences under 40 C.F.R.264.147(b) because it does not manage hazardous wastes in a landfill, surface impoundment or land treatment facility.

Sincerely,

UNIVERSAL PROPULSION COMPANY, INC.

John Huber
Vice President Administration

JH/n
enclosure (1)

HAZARDOUS WASTE FACILITY
CERTIFICATE OF LIABILITY INSURANCE

1. Name of Insurer: National Union Fire Insurance Company of Pittsburgh, PA.
Address of Insurer: 70 Pine Street, New York, NY 10270

hereby certifies that it has issued liability insurance covering bodily injury and property damage to:

Name of Insured: Universal Propulsion Co., a subsidiary of Talley Industries, Inc.
Address of Insured: P.O. Box 1140
Black Canyon Stage #1
Phoenix, AZ 85029

in connection with the insured's obligation to demonstrate financial responsibility under 40 CFR 264.147 or 265.147. The coverage applies at (See Below) for Sudden and Non-sudden Accidental Occurrences. The limits of liability are $1,000,000 each occurrence and $2,000,000 annual aggregate, exclusive of legal defense costs. The coverage is provided under policy number PLL-5290164 issued on December 6, 1990. The effective date of said policy is December 6, 1990.

2. The insurer further certifies the following with respect to the insurance described in Paragraph 1:

(a) Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the policy.

(b) The Insurer is liable for the payment of amounts within any deductible applicable to the policy, with a right of reimbursement by the insured for any such payment made by the Insurer. This provision does not apply with respect to that amount of any deductible for which coverage is demonstrated as specified in 40 CFR 264.147(f) or 265.147(f).

(c) Whenever requested by a Regional Administrator of the U.S. Environmental Protection Agency (EPA), the Insurer agrees to furnish to the Regional Administrator a signed duplicate original of the policy and all endorsements.

(d) Cancellation of the insurance, whether by the Insurer or the insured, will be effective only upon written notice and only after the expiration of sixty (60) days after a copy of such written notice is received by the Regional Administrator(s) or the EPA Region(s) in which the facility(ies) is (are) located.

(e) Any other termination of the insurance will be effective only upon written notice and only after the expiration of thirty (30) days after a copy of such written notice is received by the Regional Administrator(s) of the EPA Region(s) in which the facility(ies) is (are) located.

SCHEDULE

Name of Facility	Address or Location	EPA Identification Number
Universal Propulsion	2401 N. Central Ave Phoenix, AZ	AZD980814479

I hereby certify that the wording of this instrument is identical to the wording specified in 40 264.151(j) as such regulation was constituted on the date first above written, and that the Insurer is licensed to transact the business of insurance, or eligible to provide insurance as an excess or surplus lines insurer, in one or more States.

Nola M Cameron

Authorized Representative & Title
Nola M. Cameron
Manager - Pollution Legal Liability

Name of Insurer: National Union Fire Insurance Company of Pittsburgh, PA.
Address of Insurer: 70 Pine Street, New York, NY 10270

UNIVERSAL PROPULSION COMPANY, INC. | Talley Industries

1 February 1990

Mr. Richard Vaille, P.E. /Prog.Mgr.
Office of Waste Programs
U.S. Environmental Protection Agency,
Region IX
Toxic & Waste Management Div. T-2-5
215 Fremont Street
San Francisco, California 94105

Dear Mr. Vaille:

Enclosed is a copy of a Cerificate of Liability Insurance which demonstrates that Universal Propulsion Company, Inc. (EPA I.D. No. AZD980814479) has continuing insurance coverage as a hazardous waste facility. The original certificate was submitted to your office on 5 January 1989. The coverage meets the requirements of 40 C.F.R.265.147(a) and (b) for sudden and non-sudden accidental occurrences.

Universal Propulsion Company, Inc. is currently operating in interim status and submitted a RCRA Part B Permit Application on 7 November 1988. The enclosed certificate of liability insurance demonstrates a continued compliance with 40 C.F.R.264.147(j) and the Part B Permit Application requirements of 40 C.F.R. 270.14(b)(17). While Universal Propulsion Company, Inc.'s liability insurance covers both sudden and non-sudden accidental occurrences, Universal Propulsion Company, Inc. continues to maintain that it is not required to demonstrate financial responsibility for non-sudden occurrences under 40 C.F.R.264.147(b) because it does not manage hazardous wastes in a landfill, surface impoundment or land treatment facility.

Sincerely,

UNIVERSAL PROPULSION COMPANY, INC.

W. E. Hallas
Director, Facilities & Safety

WEH:bb
Encl. (1)

HAZARDOUS WASTE FACILITY
CERTIFICATE OF LIABILITY INSURANCE

1. Name of Insurer: National Union Fire Insurance Company of Pittsburgh, PA.
Address of Insurer: 70 Pine Street, New York, NY 10270

hereby certifies that it has issued liability insurance covering bodily injury and property damage to:

Name of Insured: Universal Propulsion Co., a subsidiary of Talley Industries, Inc.
Address of Insured: P.O. Box 1140
Black Canyon Stage #1
Phoenix, AZ 85029

in connection with the insured's obligation to demonstrate financial responsibility under 40 CFR 264.147 or 265.147. The coverage applies at (See Below) for Sudden and Nonsudden Accidental Occurrences. The limits of liability are $1,000,000 each occurrence and $2,000,000 annual aggregate, exclusive of legal defense costs. The coverage is provided under policy number PLL-7166268 issued on December 6, 1989. The effective date of said policy is December 6, 1989.

2. The insurer further certifies the following with respect to the insurance described in Paragraph 1:

(a) Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the policy.

(b) The Insurer is liable for the payment of amounts within any deductible applicable to the policy, with a right of reimbursement by the insured for any such payment made by the Insurer. This provision does not apply with respect to that amount of any deductible for which coverage is demonstrated as specified in 40 CFR 264.147(f) or 265.147(f).

(c) Whenever requested by a Regional Administrator of the U.S. Environmental Protection Agency (EPA), the Insurer agrees to furnish to the Regional Administrator a signed duplicate original of the policy and all endorsements.

(d) Cancellation of the insurance, whether by the Insurer or the insured, will be effective only upon written notice and only after the expiration of sixty (60) days after a copy of such written notice is received by the Regional Administrator(s) or the EPA Region(s) in which the facility(ies) is (are) located.

(e) Any other termination of the insurance will be effective only upon written notice and only after the expiration of thirty (30) days after a copy of such written notice is received by the Regional Administrator(s) of the EPA Region(s) in which the facility(ies) is (are) located.

SCHEDULE

Name of Facility	Address or Location	EPA Identification Number
Universal Propulsion	2401 N. Central Ave Phoenix, AZ	AZD980814479

I hereby certify that the wording of this instrument is identical to the wording specified in 40 264.151(j) as such regulation was constituted on the date first above written, and that the Insurer is licensed to transact the business of insurance, or eligible to provide insurance as an excess or surplus lines insurer, in one or more States.

Paul J Kinni

Authorized Representative & Title
Paul J. Kinni Manager - Pollution Legal Liability

Name of Insurer: National Union Fire Insurance Company of Pittsburgh, PA.
Address of Insurer: 70 Pine Street, New York, NY 10270

ATTACHMENT NO. 1

UNIVERSAL PROPULSION COMPANY, INC. | Talley Industries

1 February 1984

U.S. Environmental Protection Agency
215 Fremont Street
San Francisco, CA 94105

Attention: Jane Diamond

Reference: 1) T-2-1 AZD980814479 Ltr dated 1/20/84
2) Telecons on 1/30/84 & 2/1/84 with Lucy Mlenar

Dear Ms. Diamond:

The reference 1) letter indicates that Universal Propulsion Company's Part A of the application for an EPA hazardous waste permit is not on file at your office. Our Part A application was prepared and signed on 6 January 1983. Donovan Jones of Talley Industries, Inc., submitted this to your agency by letter of 15 March 1983. Copies of these documents are enclosed herewith.

This response to your request is the result of the reference 2) conversations with your Lucy Mlenar.

Sincerely,

UNIVERSAL PROPULSION COMPANY, INC.

W. E. Hallas
Facilities & Safety Director

WEH:mac

cc. B. Williams, Az Dept. of Health Services
(w/o attachements)

Talley™
Industries

REF: DJJ-2648

March 15, 1983

Mr. William D. Wilson
Region IX, Environmental Protection Agency
Section Chief T-2-2
Toxics and Waste Programs Branch
215 Freemont Street
San Francisco, California 94105

Dear Mr. Wilson:

Enclosed is a Part A Permit Application for Universal Propulsion Company which was recently filed with the Arizona Department of Health Services.

Universal Propulsion Company does not have an EPA I.D. Number. It will be appreciated if same can be furnished as soon as possible.

Cordially,

Donovan J. Jones

Donovan J. Jones

DJJ:jt

Enclosure

cc: M. Betka
M. Dickerson
N. Gumenik
W. Hallas
A. Roesler

Please print or type in the unshaded areas only (fill-in areas are spaced for elite type, i.e., 12 characters/inch).

Form Approved OMB No. 158-R0175

FORM 1 GENERAL

U.S. ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER

F

LABEL ITEMS

I. EPA I.D. NUMBER

III. FACILITY NAME

V. FACILITY MAILING ADDRESS

VI. FACILITY LOCATION

PLEASE PLACE LABEL IN THIS SPACE

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent *(the area to the left of the label space lists the information that should appear)*, please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI *(except VI-B which must be completed regardless)*. Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X' YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X	
B. Does or will this facility *(either existing or proposed)* include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X	
D. Is this a proposed facility *(other than those described in A or B above)* which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		
F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X	
H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	
J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY

1 SKIP: UNIVERSAL PROPULSION COMPANY, INC.

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)	B. PHONE (area code & no.)
2 HALLAS, WILLIAM FACILITIES DIR	602 869 8067

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX	
3 Box 1140 Black Canyon Stage 1	

B. CITY OR TOWN	C. STATE	D. ZIP CODE
4 Phoenix	Az	85029

VI. FACILITY LOCATION

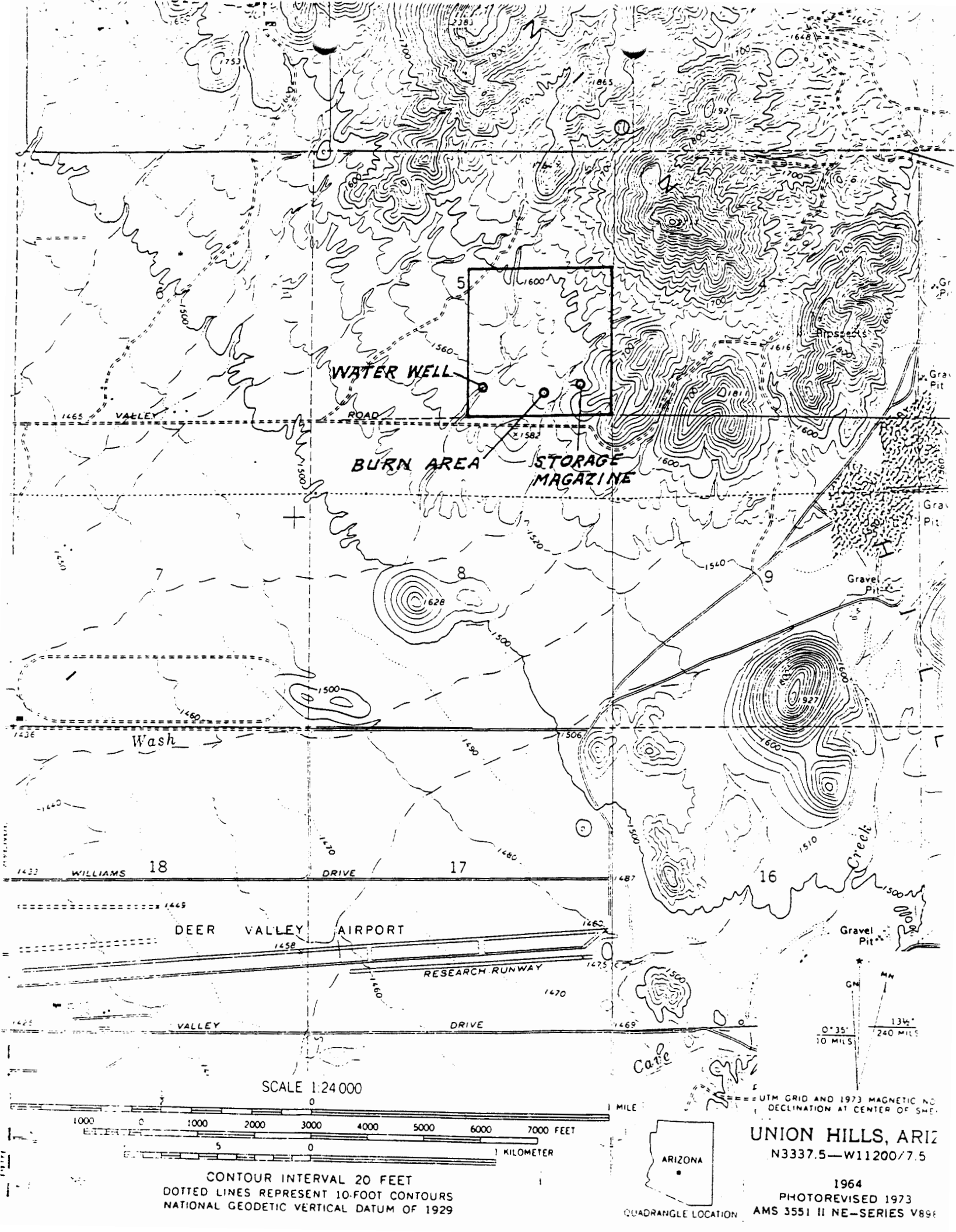
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER	
5 2540 1 N Central Ave	

B. COUNTY NAME	
Maricopa	

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
6 Phoenix	Az	85029	

EPA Form 3510-1 (6-80)

CONTINUE ON REVERSE


WATER WELL
BURN AREA
STORAGE MAGAZINE
VALLEY ROAD
WILLIAMS DRIVE
DEER VALLEY AIRPORT
RESEARCH RUNWAY
VALLEY DRIVE
Wash
Creek
Gravel Pit
Gravel Pit
Gravel Pit
5
7
8
9
16
17
18
1600
1560
1500
1520
1540
1580
1628
1927
1616
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1433
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1475
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1506
SCALE 1:24000
1000 0 1000 2000 3000 4000 5000 6000 7000 FEET
5 0 1 KILOMETER
CONTOUR INTERVAL 20 FEET
DOTTED LINES REPRESENT 10-FOOT CONTOURS
NATIONAL GEODETIC VERTICAL DATUM OF 1929
UTM GRID AND 1973 MAGNETIC NO
DECLINATION AT CENTER OF SHE
GN
MN
0°35'
10 MILS
13½°
240 MILS
ARIZONA
QUADRANGLE LOCATION
UNION HILLS, ARIZ
N3337.5—W11200/7.5
1964
PHOTOREVISED 1973
AMS 3551 II NE—SERIES V89

(fill—in areas are spaced for elite type, i.e., 12 characters/inch). Form Approved OMB No. 158-S80004

FORM 3 RCRA

U.S. ENVIRONMENTAL PROTECTION AGENCY

HAZARDOUS WASTE PERMIT APPLICATION

Consolidated Permits Program

(This information is required under Section 3005 of RCRA.)

I. EPA I.D. NUMBER: F

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below *(mark one box only)* to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION *(place an "X" below and provide the appropriate date)*

[X] 1. EXISTING FACILITY *(See instructions for definition of "existing" facility. Complete item below.)*

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED *(use the boxes to the left)*

C	YR.	MO.	DAY
8	7 2	0 8	1 4

[ ] 2. NEW FACILITY *(Complete item below.)*

FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

YR.	MO.	DAY

B. REVISED APPLICATION *(place an "X" below and complete Item I above)*

[ ] 1. FACILITY HAS INTERIM STATUS

[ ] 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES – CODES AND DESIGN CAPACITIES

A. **PROCESS CODE** – Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process *(including its design capacity)* in the space provided on the form *(Item III-C)*.

B. **PROCESS DESIGN CAPACITY** – For each code entered in column A enter the capacity of the process.

1. AMOUNT – Enter the amount.
2. UNIT OF MEASURE – For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:		
CONTAINER *(barrel, drum, etc.)*	S01	GALLONS OR LITERS
TANK	S02	GALLONS OR LITERS
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS
Disposal:		
INJECTION WELL	D79	GALLONS OR LITERS
LANDFILL	D80	ACRE-FEET *(the volume that would cover one acre to a depth of one foot)* OR HECTARE-METER
LAND APPLICATION	D81	ACRES OR HECTARES
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS
Treatment:		
TANK	T01	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
OTHER *(Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)*	T04	GALLONS PER DAY OR LITERS PER DAY

UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G
LITERS	L
CUBIC YARDS	Y
CUBIC METERS	C
GALLONS PER DAY	U
LITERS PER DAY	V
TONS PER HOUR	D
METRIC TONS PER HOUR	W
GALLONS PER HOUR	E
LITERS PER HOUR	H
ACRE-FEET	A
HECTARE-METER	F
ACRES	B
HECTARES	Q

EXAMPLE FOR COMPLETING ITEM III *(shown in line numbers X-1 and X-2 below)*: A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

C DUP T/A C 1

LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY 1. AMOUNT (specify)	B. PROCESS DESIGN CAPACITY 2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY
X-1	S 0 2	600	G	
X-2	T 0 3	20	E	
1	S 0 1	1500	G	
2	T 0 4	Other		
3				
4				
5				
6				
7				
8				
9				
10				

Continued from the front.

II. PROCESSES (continued)

E. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04") FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

Open burning of waste explosives per 40 CFR 265.382.
2,000 pounds (approx. 140 gallons) per month, estimated maximum, of waste composite solid propellant.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:
   For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.
   For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.
   Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an es 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)	D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K054	900	P	T03 D80	
X-2	D002	400	P	T03 D80	
X-3	D001	100	P	T03 D80	
X-4	D002				included with above

KQS in "Chrome ... of leat... Ind...

Continued from page 2.
NOTE: Photocopy this page before completing if yc more than 26 wastes to list.

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER (enter from page 1)

W | | T/A | C | 1

FOR OFFICIAL USE ONLY

W | DUP | T/A | C | 2 | DUP

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)	D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
1	D003	24,000 (Future Max.)	P	T04	Open burning per 40 CFR 265.382
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					

Continued from the front.

IV. DESCRIPTION OF HAZARDOUS WASTE (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)

F | | | | | | | | | | | | | T/A | C | 6

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility *(see instructions for more detail).*

VI. PHOTOGRAPHS

All existing facilities must include photographs *(aerial or ground–level)* that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas *(see instructions for more detail).*

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)	LONGITUDE (degrees, minutes, & seconds)
33 43 008	112 04 097

VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER	2. PHONE NO. (area code & no.)
E	

3. STREET OR P.O. BOX	4. CITY OR TOWN	5. ST.	6. ZIP CODE
F	G		

IX. OWNER CERTIFICATION

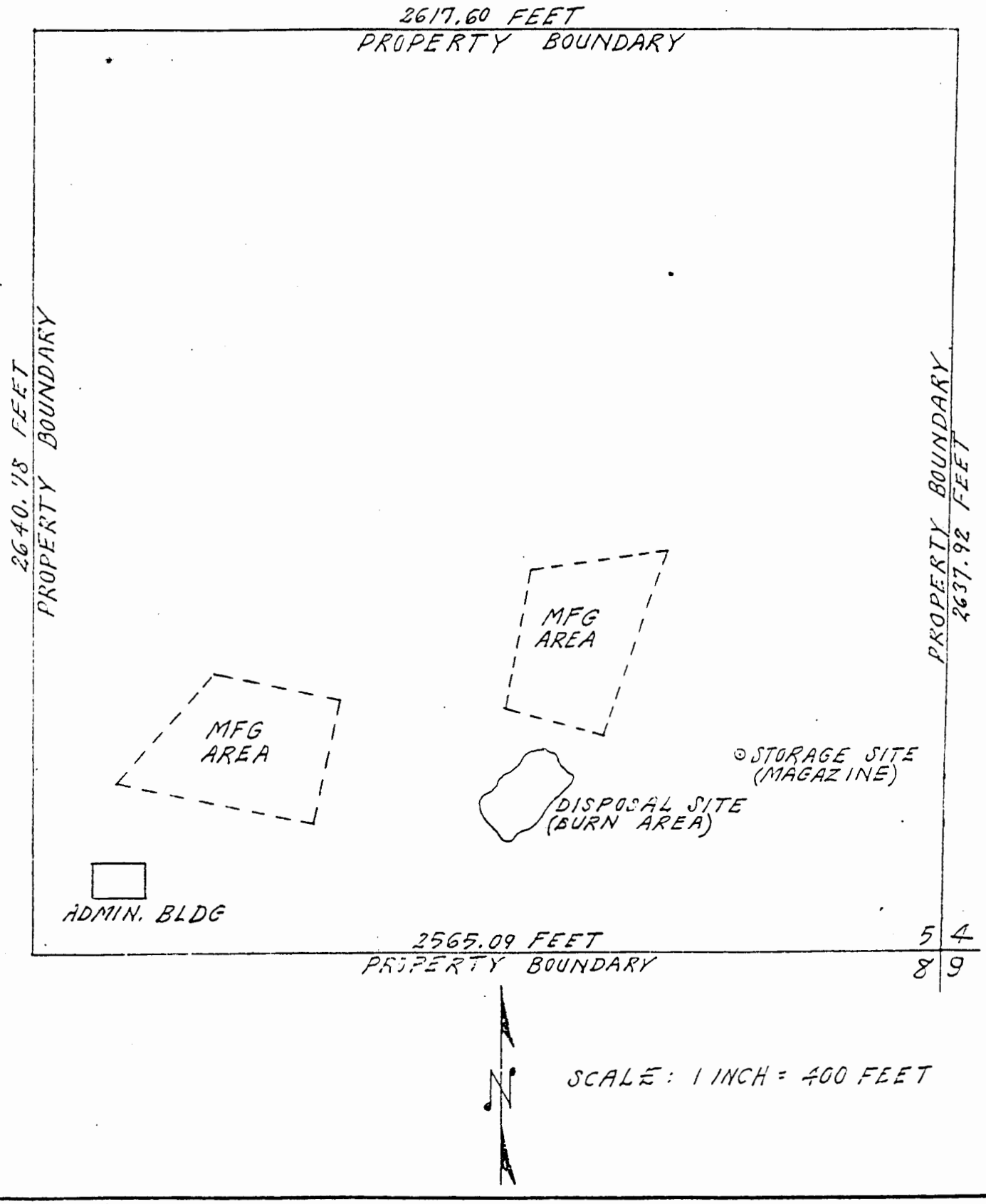
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
H. G. Watson President & General Manager	H. G. Watson	6 January 1983

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED


2617.60 FEET
PROPERTY BOUNDARY
2640.18 FEET
PROPERTY BOUNDARY
PROPERTY BOUNDARY
2637.92 FEET
MFG AREA
MFG AREA
STORAGE SITE (MAGAZINE)
DISPOSAL SITE (BURN AREA)
ADMIN. BLDG
2565.09 FEET
PROPERTY BOUNDARY
5 4
8 9
N
SCALE: 1 INCH = 400 FEET